


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90420 039 ****50.00

DOCUMENT # L03000021871	
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1. Entity Name
LA PULGA, LLC

Principal Place of Business
789 CHIMNEY ROCK RD.
WESTON, FL 33327

Mailing Address
789 CHIMNEY ROCK RD.
WESTON, FL 33327

2. Principal Place of Business

3. Mailing Address



03172004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-0874530

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URQUIOLA, JOAQUIN R
GOLDSTEIN SCHECHTER PRICE, ET AL
2121 PONCE DE LEON BLVD, STE 1100
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GOBALDON, RAFAEL
STREET ADDRESS 789 CHIMNEY ROCK RD.
CITY-ST-ZIP WESTON, FL 33327

TITLE MGR ☒ Change ☐ Addition
NAME MARTINEZ, ISABEL
STREET ADDRESS 789 CHIMNEY ROCK ROAD.
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/04 (754) 234-3393

Date

Daytime Phone #