2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-12-2004 90133 002 ****50.00

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DOCUMENT # L03000023389

1. Entity Name
ALCROM, LLC

Principal Place of Business	Mailing Address
1953 OAK GROVE CHASE DRIVE ORLANDO, FL 32820	1953 OAK GROVE CHASE DRIVE ORLANDO, FL 32820

07072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0580561 — Applied For / Not Applicable

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
ROJAS, ALBERTO C 1953 OAK GROVE CHASE DRIVE ORLANDO, FL 32820	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 X [signature] 7/7/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJAS, ALBERTO C 1953 OAK GROVE CHASE DRIVE ORLANDO, FL 32820	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] 7/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

B40095444

ALCROM, LLC

L03000023389

JULY 7, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6478
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED THE DEPARTMENT OF STATE FORMS FOR 2004.PLEASE WAIVE THE PENALTY . I AM ENCLOSING A CHECK FOR $50.00

THANK YOU FOR YOU ATTENTION,

ALBERTO C. ROJAS - MGRM