

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

DOCUMENT # L03000023389					
1. Entity Name ALCROM, LLC					
Principal Place of Business 1953 OAK GROVE CHASE DRIVE ORLANDO, FL 32820			Mailing Address 1953 OAK GROVE CHASE DRIVE ORLANDO, FL 32820		
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	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROJAS, ALBERTO C 1953 OAK GROVE CHASE DRIVE ORLANDO, FL 32820			7. Name and Address of New Registered Agent 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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE <i>7/7/04</i>			
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 MGRM ROJAS, ALBERTO C	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS 1953 OAK GROVE CHASE DRIVE			STREET ADDRESS		
CITY - ST - ZIP ORLANDO, FL 32820			CITY - ST - ZIP		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(l), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>7/7/04</i> Daytime Phone # _____		

34003347



07072004 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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

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 MGRM ROJAS, ALBERTO C	☐ Delete	TITLE NAME	☐ Change ☐ Addition	STREET ADDRESS 1953 OAK GROVE CHASE DRIVE	CITY - ST - ZIP ORLANDO, FL 32820
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	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)(l), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment

34009544

ALCROM, LLC

L03000023389

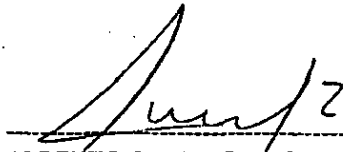
JULY 7, 2004

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 YOUR ATTENTION,


ALBERTO C. ROJAS - MGRM