

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024551

1. Entity Name
IT PROJECTS LLC



Principal Place of Business

362 BRIDGETON ROAD
WESTON, FL 33326

Mailing Address

362 BRIDGETON ROAD
WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



07062005No Chg-LLC

CR2E083 (10/03)

4. FCI Number
11-3695978

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, JORGE
362 BRIDGETON ROAD
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 CSE if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

U00000372940
07/15/05-80003-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAMIREZ, JORGE
STREET ADDRESS	362 BRIDGETON ROAD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	RAMIREZ, LOIS
STREET ADDRESS	362 BRIDGETON ROAD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	GONZALEZ, ERNESTO
STREET ADDRESS	362 BRIDGETON ROAD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	GONZALEZ, JOSE
STREET ADDRESS	362 BRIDGETON ROAD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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] JORGE RAMIREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07.07.05

Date

954 349 1474

Daytime Phone #