2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State
03-31-2004 90349 036 ****55.00

DOCUMENT # L03000024771

1. Entity Name

TERRACHAN, L L.C.

Principal Place of Business	Mailing Address
7911 NOREMAC AVENUE MIAMI BEACH FL 33141 FL	7911 NOREMAC AVENUE MIAMI BEACH FL 33141 FL

34000000

MOORE CR2E083 (11/03)

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 65-0670169 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINGUEZ, DIMAS
7911 NOREMAC AVENUE
MIAMI BEACH FL 33141

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOMINGUEZ, DIMAS		NAME		
STREET ADDRESS	7911 NOREMAC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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)(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.

Dimas Dominguez

SIGNATURE: Dimas Dominguez 3/25/04 305-778-1930

Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #

Attachment
34009680

MARTA OR DIMAS DOMINGUEZ
7911 NOREMAC AVE
MIAMI BEACH, FL 33141

482

Document #
#L03000024770

3/26/04 Date

63-915/660
BRANCH 25

Pay to the Order of Florida Department of State $ 55.00

Fifty five 00/100 Dollars

TOTALBANK
YOUR PERSONAL BANK

For Limited Annual Report

Marta Dominguez

⑆066009155⑆ 0027394611 06 0482

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