2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/27/2004-90084-026-$50.00-$50.00

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L03000024822

1. Entity Name
QUISQUEYA MULTI SERVICES LLC

Principal Place of Business
15725 S.W. 103RD AVENUE
MIAMI, FL 33157

Mailing Address
15725 S.W. 103RD AVENUE
MIAMI, FL 33157

09222004 Chg-LLC CR2E083 (10/03) 10/25

2. Principal Place of Business	3. Mailing Address
22100 SW 258 st	22100 SW 258 St
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Homestead Fl	City & State: Homestead Fl
Zip: 33031 Country: US	Zip: 33031 Country: U.S.

4. FEI Number: 20-0085105? ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTANA, ESPERANZA
15725 S.W. 103RD AVENUE
MIAMI, FL 33157

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)

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	MGR MARTINEZ, WILLIAM 15725 S.W. 103RD AVENUE MIAMI, FL 33157 ☐ 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	REINSTATEMENT 2004 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	w/o penalty ☐ 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: William Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #