

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED
04 MAY 21 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05202004 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For
Not Applicable

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

DOCUMENT # L03000024862

1. Entity Name
MOLE, LLC



Principal Place of Business
**888 BRICKELL KEY DRIVE, SUITE 907
MIAMI, FL 33131**

Mailing Address
**888 BRICKELL KEY DRIVE, SUITE 907
MIAMI, FL 33131**

2. Principal Place of Business
**801 Brickell key Blvd
Suite, Apt. #, etc. 1104**

3. Mailing Address
**801 Brickell key Blvd
Suite, Apt. #, etc. 1104**

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country

6. Name and Address of Current Registered Agent

**CABAL, CATALINA
888 BRICKELL KEY DRIVE, SUITE 907
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Cabal, Catalina**

Street Address (P.O. Box Number is Not Acceptable)
801 Brickell key Blvd #1104

City **Miami** FL Zip Code **33131**

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 *Catalina Cabal* (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	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABAL, MODESTO		NAME		
STREET ADDRESS	888 BRICKELL KEY DRIVE, SUITE 907		STREET ADDRESS	801 Brickell key Blvd # 1104	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami, FL 33131	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	100037346121	
STREET ADDRESS			STREET ADDRESS	05/26/04--01056--004 **150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]*

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