


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

03-23-2005 90242 050 ****50.00
07-26-2005 90005 017 ****50.00

DOCUMENT # 133000024862	
1. Entity Name MOLE, LLC	

Principal Place of Business 801 BRICKELL KEY DRIVE, SUITE 1104 MIAMI, FL 33131	Mailing Address 801 BRICKELL KEY DRIVE, SUITE 1104 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 00-0108736		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CABAL, CATALINA 801 BRICKELL KEY DRIVE, SUITE 1104 MIAMI, FL 33131		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 *Catalina Cabal* (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABAL, MODESTO 801 BRICKELL KEY DRIVE, SUITE 1104 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catalina Cabal* Register Agent (305) 649-7128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Catalina Cabal