


1 of 2

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027350 1. Entity Name AUXILIARIES OF FLORIDA LLC	
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Principal Place of Business 6848 NW 77 COURT MIAMI, FL 33166 US	Mailing Address 1620 S. BAYSHORE CT., UNIT 1 MIAMI, FL 33133-4031
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FILED

2005 APR 19 AM 9:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



04152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0707892	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KRECKE, HORST
1620 SOUTH BAYSHORE COURT
UNIT 1
MIAMI, FL 33133**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

*504132902062
05/03/04 90145 002 \$50.00*

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, KAREN DENISSE 185 NW 13 AVE., APT. 731 MIAMI, FL 331255733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Kulgo*

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

Date

Daytime Phone #

April 15/05 786.314.5489



AUXILIARIES OF FLORIDA, LLC.

1620 South Bayshore Court, Unit 1 • Miami, FL 33133-4031
786.426.5278 • 786.314.5494 Fax • auxiliariesoffla@bellsouth.net

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 15, 2005

DIVISION OF CORPORATIONS
P.O. Box 6198
Tallahassee, FL 32314

Dear Sir or Madam,

Attached you will find (1) our 2005 Limited Liability Company Annual Report and (2-3) copies of our checks No.153 dated April 29, 2004 totaling, \$50.00 and No. 209 dated November 4, 2004, totaling \$150.00.

On April 2004, we mailed you our check No. 153 as payment for our 2004 LLC Company Annual Report. Due to some mistake in our part, the report was sent back to us. We failed to mail the corrected 2004 Report before the due date you gave us, thus our company was terminated.

On November 2004 we mailed you another check, No. 209, as payment for the Reinstatement Fee. The reinstatement fee is actually only \$100.00, therefore, we overpaid you \$50.00. Please consider this \$50.00 over payment as our 2005 Annual Report Fee.

Sincerely,


Karen D. Soto
Manager



Attachments:
2005 Limited Liability Company Annual Report
Auxiliaries of Florida's Check No. 153
Auxiliaries of Florida's Check No. 209

/kds