

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028526

1. Entity Name
LILI PROPERTIES, LLC



Principal Place of Business
419 WEST 49 ST. #106
HIALEAH, FL 33012

Mailing Address
419 WEST 49 ST. #106
HIALEAH, FL 33012



02162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2412945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, PEDRO F
419 WEST 49 ST. #106
HIALEAH, FL 33012

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HERNANDEZ, PEDRO F
419 WEST 49 ST. #106
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MENDEZ, LIZA E
419 WEST 49 ST. #106
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOLLINEA, LIZETTE B
419 WEST 49 ST. #106
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000284327
04/01/05-80065-007 50.00

**DO NOT WRITE
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:

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

03/28/05

Date

Daytime Phone #