

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90271 017 *****50.00

DOCUMENT # L03000028844

1. Entity Name

BARUS L.L.C.



Principal Place of Business

19001 SE BARUS DR.
TEQUESTA FL 33469

Mailing Address

18931 SWEET PEPPER CT.
JUPITER FL 33458

14023267



MOORE

CR2E083 (4/04)

2. Principal Place of Business

19001 SE BARUS DR

3. Mailing Address

757 SE 17th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1096

City & State

TEQUESTA, FL

City & State

FL LAUDERDALE, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33469

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRETTEIG, AMY M
18931 SWEET PEPPER CT.
JUPITER FL 33458

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR. SCOTT ANGELO
MANAGER
757 SE 17th St. Suite 1096
FL LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MR. V.J. ARRETTEIG
18931 Sweet Pepper Ct.
Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MRS. CHRISTINE ARRETTEIG
18931 SWEET PEPPER CT.
JUPITER, FL 33458

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 *Amy M Arretteig* AMY M ARRETTEIG

5/21/04 9549071726

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

Date

Daytime Phone #