

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 04, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000029771**

**1. Entity Name  
MOON BAY LLC**



**Principal Place of Business  
9360 SUNSET DR, STE 291  
MIAMI, FL 33173**

**Mailing Address  
9360 SUNSET DR, STE 291  
MIAMI, FL 33173**



01032005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-0149055**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MURAI, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM BLDG.  
25 S.E. 2ND AVE.  
MIAMI, FL 33131**

**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  
PDT  
GIL, AUGUSTO J  
9360 SUNSET DR., #291  
MIAMI, FL 33173**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
MARTINEZ, CARLOS E  
9360 SUNSET DR., #291  
MIAMI, FL 33173**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

1000000288115  
04/04/05-80096-009 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

Date

Day/Mo/Phone #

*Augusto J. Gil* **Augusto J. Gil** **3/31/05** **(305) 598-4002**