

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90080 004 *****50.00

DOCUMENT # L03000029933

1. Entity Name
CLAIRVOYANT CAPITAL LLC



Principal Place of Business
**419 B ESPANOLA WAY
MIAMI BEACH, FL 33139**

Mailing Address
**419 B ESPANOLA WAY
MIAMI BEACH, FL 33139**

2. Principal Place of Business
415 N. Hibiscus Drive

3. Mailing Address
same as

Suite, Apt. #, etc.
Miami Beach, FL

Suite, Apt. #, etc.

City & State
33139 USA

City & State

Zip Country

Zip Country

02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number
57-1181056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POPE, SHAY E
419 B ESPANOLA WAY
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name **415 N. Hibiscus Dr. # B**
Street Address (P.O. Box Number is Not Acceptable)
Shay Pope
Miami Beach **33139**
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 **4/25/04**

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, 2004**

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **POPE, SHAY E**
STREET ADDRESS **419 B ESPANOLA WAY**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Shay Pope

4/25/04

Date

305-519-6717

Daytime Phone #