


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90447 014 \*\*\*\*50.00

<b>DOCUMENT # L03000030746</b>					
<b>1. Entity Name</b> LAS MARGARITAS, L.L.C.					
<b>Principal Place of Business</b> 1725 N.W. 165TH AVENUE PEMBROKE PINES, FL 33028			<b>Mailing Address</b> 1725 N.W. 165TH AVENUE PEMBROKE PINES, FL 33028		
<b>2. Principal Place of Business</b> 730 S.W. 191 Avenue Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> Pembroke Pines, Florida			<b>City &amp; State</b>		
<b>Zip</b> 33029		<b>Country</b> USA		<b>Zip</b>	
<b>Country</b> USA		<b>4. FEI Number</b>			
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  MESTRE, CEASAR JR. 7600 WEST 20TH AVE, STE 220 HIALEAH, FL 33016			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> CORIA, GUILLERMO P <b>STREET ADDRESS</b> 1725 N.W. 165TH AVENUE <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> CORIA, JORGE AGUSTIN <b>STREET ADDRESS</b> 1725 N.W. 165TH AVENUE <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			Date _____ Daytime Phone # 5110 104 305 821-5450		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



05062004 Chg-LLC CR2E083 (10/03)

**4. FEI Number** ☒ Applied For  
Not Applicable

**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**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 8, 2004**

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

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

☒ Change ☐ Addition

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