


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000032315</b>	
1. Entity Name <b>PACKING &amp; CRATING UNLIMITED, LLC</b>	

Principal Place of Business <b>11288 SOUTHWEST 161 PLACE MIAMI, FL 33196</b>	Mailing Address <b>11288 SOUTHWEST 161 PLACE MIAMI, FL 33196</b>
---	---



04302005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-1183805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>VALLADARES, MICHELE 11288 SOUTHWEST 161 PLACE MIAMI, FL 33196</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VALLADARES, KEINY J 11288 SOUTHWEST 161 PLACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VALLADARES, MICHELE 11288 SOUTHWEST 161 PLACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, ERIC 11288 SOUTHWEST 161 PLACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000361039  
05/05/05-80061-003 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.

<b>SIGNATURE:</b> <u>Michele Valladares</u> <u>4/29/05</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
--	--	------	-----------------