2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/6/20

FILED Jun 07, 2004 8:00 am Secretary of State

DOCUMENT # L03000032455 1. Entity Name 05-06-2004 90003 021 ****50.00 LLOYD, LLC Principal Place of Business Mailing Address OZUUUTUU 2155 SW 8TH STREET 2155 SW 8TH STREET MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nan LLOYD, SUZANNE T 2155 SW 8TH STREET Street Address (P.O. Box Number is Not Acceptable). MIAMI FL 33135 City 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, typoid or printed name of registered agern and tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Deteie TITLE ☐ Change Addition NAME LLOYD, SUZANNE T NAME STREET ADORESS 2155 SW 8TH STREET STREET ADDRESS CITY-ST-719 MIAMI FL 33135 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-28 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE Oelete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

11. I hereby certify that the information supplied with this tiling 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.

CITY-ST-ZIP

CITY-ST-719

SIGNATURE: Super T. July Suzande Tuly 4 504 555 667

SIGNATURE AND TYPE OR PRINTED MAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAILS DAYSTRE PROTE &

Daystre Prote &