

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 20 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0164078** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

MITCHELL, JAMES R  
9095 S.W. 87 AVENUE, SUITE 777  
MIAMI, FL 33176

## 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

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 **Ronald S. Simkins**  
STREET ADDRESS **9095 SW 87 Ave. Suite 777**  
CITY-ST-ZIP **Miami, FL 33176**

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400034806274** ☐ Change ☐ Addition  
**04/30/04--01018--014 \*\*150.00**

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

*Ron Simkins*  
**Ron Simkins**

**4/15/04**

**305-270-0870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #