

FILED
Mar 05, 2004 8:00 am
Secretary of State

01-26-2004 90075 005 ***150.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000034746			
1. Entity Name GOD BLESS AMERICA LLC			
Principal Place of Business IRINA NIKITSKY 16400 COLLINS AVE, APT. 741 MIAMI, FL 33160		Mailing Address IRINA NIKITSKY 16400 COLLINS AVE, APT. 741 MIAMI, FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0708997		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NIKITSKY, IRINA 16400 COLLINS AVE., APT. 741 MIAMI, FL 33160		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 <i>Irina Nikitsky</i> DATE <i>03/01/04</i> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Ptr Uzi Argaman 16400 Collins Ave Apt 741 Miami, FL 33160</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Ptr Irina Nikitsky 16400 Collins Ave Apt 741 Miami, FL 33160</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Irina Nikitsky</i> DATE <i>03/01/04</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Attachment
 L03000034746
 [REDACTED]
 34001143

1/26/2004-90075-005-\$150.00-\$150.00

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2. Principal Place of Business		3. Mailing Address	
State, Apt. & no.		State, Apt. & no.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Name and Address of General Manager/Agent		5. Name and Address of Your Registered Agent	
NIKITSKY, IRINA 16400 COLLINS AVE, APT. 741 MIAMI, FL 33160		Name [REDACTED] Street Address (P.O. Box Number is not recommended) [REDACTED] City FL Zip Code	
6. The above named entity certifies the statement for the purpose of changing its registered office to the following agent, or more, at the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
FILING Fee is \$25.00 Due By May 1, 2004		[REDACTED]	
MANAGED MEMBER (MANAGER)		ADDITIONAL CHANGES	
NAME LAST, FIRST, MIDDLE DOB-MM-DD-YY	ADDRESS STREET ADDRESS CITY-STATE-ZIP	NAME LAST, FIRST, MIDDLE DOB-MM-DD-YY	ADDRESS STREET ADDRESS CITY-STATE-ZIP
Uzi Argaman 16400 Collins Ave Apt 741 Miami, FL 33160	IRINA NIKITSKY 16400 Collins Ave Apt 741 Miami, FL 33160		