

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90275 034 ****50.00

DOCUMENT # L03000035046

1. Entity Name

METEORO, LLC



Principal Place of Business

**600 BRICKELL AVE., STE. 300Z
MIAMI FL 38131**

Mailing Address

**600 BRICKELL AVE., STE. 300Z
MIAMI FL 33131**

2. Principal Place of Business

600 Brickell Ave

3. Mailing Address

600 Brickell Ave

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

503

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip

33131

Country

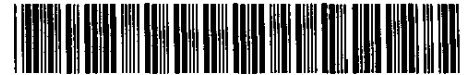
USA

Zip

33131

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

65 1203487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZZONI, FERNANDO
600 BRICKELL AVE., STE. 300Z
MIAMI FL 33131**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **MASCARENHAS, FERNANDO**
STREET ADDRESS **600 BRICKELL AVE., STE. 300Z**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☐ Delete
NAME **MASCARENHAS, CLAUDIA**
STREET ADDRESS **600 BRICKELL AVE., STE. 300Z**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **MASCARENHAS FERNANDO**
STREET ADDRESS **600 Brickell Ave Ste 503**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MASCARENHAS CLAUDIA**
STREET ADDRESS **600 Brickell Ave Ste 503**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

**FERNANDO
MASCARENHAS**

CLAUDIA MASCARENHAS 3/13/2004