

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90043 035 \*\*\*\*55.00

**DOCUMENT # L03000035839**

1. Entity Name  
NUC X 2, LLC



Principal Place of Business

Mailing Address

600 NE 36TH ST 1930 S. BAYSHORE DR. 600 NE 36TH ST 1930 S. BAYSHORE DR.  
1207 COCONUT GROVE, 1207 COCONUT GROVE,  
MIAMI, FL 33137 US FL 33133 US MIAMI, FL 33137 US FL 33133

**20040166**



04102005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0237310

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, WILMER A  
600 NE 36TH ST 1930 S. BAYSHORE DR.  
1207 COCONUT GROVE,  
MIAMI, FL 33137 FL 33133

**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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME GARCIA, WILMER A  
STREET ADDRESS 600 NE 36TH ST 1930 S. BAYSHORE DR.  
CITY-ST-ZIP MIAMI, FL 33137 COCONUT GROVE, FL 33133

TITLE MGR  
NAME HADEED - GARCIA, SUZANNE C  
STREET ADDRESS 600 NE 36TH ST 1930 S. BAYSHORE DR.  
CITY-ST-ZIP MIAMI, FL 33137 COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

MANAGING MEMBER 4/13/05 (305) 572-9828