

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90350 013 ****50.00

DOCUMENT # L03000037061

1. Entity Name

PIAGGA ASSOCIATES, LLC



Principal Place of Business

3650 INVERRARY DRIVE
#1T
LAUDERHILL FL 33319
US

Mailing Address

3650 INVERRARY DRIVE
#1T
LAUDERHILL FL 33319
US

34005621



MOORE CR2E083 (11/03)

2. Principal Place of Business

6936 NW 109 COURT

Suite, Apt. #, etc.

3. Mailing Address

6936 NW 109 COURT

Suite, Apt. #, etc.

City & State

DORAL, FLORIDA

Zip
33178

Country
USA

City & State

DORAL, FLORIDA

Zip
33178

Country
USA

4. FEI Number

200262699

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANDOZI, IGOR A
3650 INVERRARY DRIVE
#1T
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name PANDOZI, IGOR A

Street Address (P.O. Box Number is Not Acceptable)

6936 NW 109 COURT

City DORAL

FL

Zip Code 33178

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)

4/17/04

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
NAME PANDOZI, IGOR A
STREET ADDRESS 3650 INVERRARY DRIVE
CITY-ST-ZIP 33178-0001 ☐ Delete

TITLE MGRM
NAME GIANNOTTI, GUILLERMO
STREET ADDRESS 3650 INVERRARY DRIVE
CITY-ST-ZIP #1T FL 33319 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME PANDOZI, IGOR A
STREET ADDRESS 6936 NW 109 COURT
CITY-ST-ZIP DORAL, FL 33178 ☒ Change ☐ Addition

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

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

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

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

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

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

4/17/04 754-2096201

Date

Daytime Phone #