

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 SEP 15 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L03000039884

1. Entity Name  
261061 INVESTMENTS, L.L.C.



Principal Place of Business  
2717 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Mailing Address  
2717 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

2. Principal Place of Business  
10536 NW 26<sup>TH</sup> ST  
Suite, Apt. #, etc.  
D-101  
City & State  
MIAMI, FL  
Zip  
33172  
Country

3. Mailing Address  
10536 NW 26<sup>TH</sup> ST  
Suite, Apt. #, etc.  
D-101  
City & State  
MIAMI, FL  
Zip  
33172  
Country



09092004 Chg-LLC CR2E083 (10/03) 9/15

4. FEI Number  
NOT APPLICABLE  
Applied for  
Not Applicable

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

6. Name and Address of Current Registered Agent

DE VARONA, SERGIO CPA  
304 PALERMO AVE.  
CORAL GABLES, FL 33134

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BURGOS PASCUAL, MARIA V  
2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FRONILDE C. DIAZ  
10536 NW 26<sup>TH</sup> ST #D-101  
MIAMI, FL 33172 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DOUGLAS HURTADO  
10536 NW 26<sup>TH</sup> ST #D-101  
MIAMI, FL 33172 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600041527026  
10/01/04--01026--010 \*\*\$50.00 ☐ 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

Date

Daytime Phone #

DOUGLAS HURTADO 09/08/04 786-877-7167