

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041307

FILED  
Jun 02, 2005  
Secretary of State

Entity Name: FLORIDA PLASTIC NET, L.L.C.

**Current Principal Place of Business:**

11340 N.W. 56TH STREET  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11340 N.W. 56TH STREET  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 20-0351918      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PENA, NEPOMUCENO  
11340 N.W. 56TH STREET  
MIAMI, FL 33178      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PENA, NEPOMUCENO  
Address: 11340 N.W. 56TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: PENA, EMILIO  
Address: 11340 N.W. 56TH STREET  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NEPOMUCENO PENA

MGRM

06/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date