

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90079 039 ****50.00

DOCUMENT # L03000042134

1. Entity Name

LOBO HOLDINGS LLC



Principal Place of Business

6445 N.W. HEMLOCK ST.
PORT ST LUCIE FL 34986

Mailing Address

6445 N.W. HEMLOCK ST.
PORT ST LUCIE FL 34986

2. Principal Place of Business

6445 NW Hemlock St

3. Mailing Address

6445 NW Hemlock St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

Port St Lucie FL

Zip

34986

Country

USA

Zip

34986

Country

USA

4. FEI Number

20-0354924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS FL 33410

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FRAGA, JONATHAN
STREET ADDRESS 6445 N.W. HEMLOCK ST.
CITY-ST-ZIP PORT ST LUCIE FL 34986

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

fraga

4-12-04

772-879-9346