

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

08-23-2004 90150 029 ****55.00

DOCUMENT # L03000042276					
1. Entity Name PHANTOM LIGHTING & GRIP, LLC					
Principal Place of Business 6601 SW 116TH COURT #408 MIAMI, FL 33173			Mailing Address 6601 SW 116TH COURT #408 MIAMI, FL 33173		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RAMIREZ, CARLOS A 6601 SW 116TH COURT #408 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 type if applicable)			Carlos Ramirez DATE: Aug 2 04		
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos Ramirez 6601 SW 116TH ST #408 MIAMI FL 33173 <i>ML6RM</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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, manager, or authorized representative)			Carlos Ramirez Date: Aug 2 04 Daytime Phone #		

J4010307



07082004 Chg:LLC CR2E083 (10/03)

4. FEI Number **42-0934133** Applied For Not Applicable

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

FL Zip Code

Aug 2 04

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Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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SIGNATURE **Carlos Ramirez** **Aug 2 04**
 (Signature and typed or printed name of signing managing member, manager, or authorized representative) Date Daytime Phone #