

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # L03000042521

1. Entity Name

MAGENTA, L.L.C.



02-02-2004 90214 001 \*\*\*\*50.00

02-02-2004 90214 002 \*\*\*\*\*5.00

Principal Place of Business

13120 SW 92 AVE., BLDG. D, #601  
MIAMI FL 33176-5787

Mailing Address

13120 SW 92 AVE., BLDG. D, #601  
MIAMI FL 33176-5787

2. Principal Place of Business

18793 Biscayne Blvd

3. Mailing Address

18793 Biscayne Blvd



MOORE

CR2E083 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA - FLORIDA

City & State

AVENTURA - FLORIDA

4. FEI Number

20-0466269

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES, JUAN E  
4160 W. 16TH AVENUE, SUITE 402  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name JUAN C. LUIS

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

18793 Biscayne Blvd

City AVENTURA

FL

Zip Code 33180

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

JANUARY 27, 2004

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME LUIS, JUAN C  
STREET ADDRESS 13120 SW 92 AVE., BLDG. D, #601  
CITY-ST-ZIP MIAMI FL 33176-5787

TITLE MGRM ☐ Delete  
NAME BIGO, SUSANA A  
STREET ADDRESS 13120 SW 92 AVE., BLDG. D, #601  
CITY-ST-ZIP MIAMI FL 33176-5787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 #

01/27/2004 (305) 935 3181