

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000043667

1. Entity Name
LA TRONCADA LLC



Principal Place of Business

6937 NW 52 ST.
MIAMI, FL 33166

Mailing Address

6937 NW 52 ST.
MIAMI, FL 33166



04152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2222823

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, FLORENTINO
6937 NW 52 ST.
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FERNANDEZ, FLORENTINO
STREET ADDRESS	6937 NW 52 ST.
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	FERNANDEZ, CARLOS A
STREET ADDRESS	6937 NW 52 ST.
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	FERNANDEZ, ESTHER M
STREET ADDRESS	6937 NW 52 ST.
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	FERNANDEZ, FLORENTINO SR.
STREET ADDRESS	6937 NW 52 ST.
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/25/05-80034-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 603, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/05

305 591 2472