2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State
07-12-2004 90132 041 ****55.00

DOCUMENT # L03000045217

1. Entity Name
O.A.C. HOLDING, LLC

Principal Place of Business	Mailing Address
6538 COLLINS AVENUE ST. 427 MIAMI BEACH, FL 33141 US	6538 COLLINS AVENUE ST. 427 MIAMI BEACH, FL 33141 US

07062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1415910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDOVES, ORLANDO JR.
6538 COLLINS AVENUE
APT. 427
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

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

City 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM CORDOVES, ORLANDO SR. 6538 COLLINS AVENUE MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORDOVES, ORLANDO JR. 6538 COLLOINS AVENUE MIAMI BEACH, FL 33141	☐ Delete	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 608, Florida Statutes.

SIGNATURE: ______________________ 7-7-04 305-773-9593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #