

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

04 APR -9 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000046644

1. Entity Name

PIERRELUS INVESTMENTS, LLC



Principal Place of Business

642 N.E. 139TH STREET  
MIAMI FL 33161

Mailing Address

PO BOX 180841  
TALLAHASSEE FL 32318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

47-0934753

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

BOYD, JOSEPH R ESQ  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE FL 32308

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

*Boyd, Joseph*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/08/04

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
PIERRELUS, JERRY  
PO BOX 180841  
TALLAHASSEE FL 32318 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
700033102767  
04/19/04--01083--003 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
member  
Irma Raynal  
P.O. Box 180841  
Tallahassee, FL 32318 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
← Same ☐ 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:

*P. Anne 1 Pierrelus, Jerry / Member*

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

4/08/04

DATE

(305) 360-2416

DAYTIME PHONE #