

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90100 014 ****55.00

DOCUMENT # L03000047140

1. Entity Name

CUSTOM LAWN SPRINKLERS BY GABRIEL, L.L.C.



Principal Place of Business

**320 SW 12TH CT
FORT LAUDERDALE FL 33315**

Mailing Address

**320 SW 12TH CT
FORT LAUDERDALE FL 33315**

2. Principal Place of Business

320 S.W. 12 CT.

3. Mailing Address

Suite, Apt. #, etc. **SAME**

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FLORIDA

Zip

33315

Country

USA

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**M & W AGENTS, INC.
2101 CORPORATE BLVD, STE 107
BOCA RATON FL 33431**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **REYNA, GABRIEL JR.**
STREET ADDRESS **320 S.W. 12 CT.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
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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 #

Gabriel Reyna **2-13-05** **763.6676**
(954)