

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90006 003 ****50.00

DOCUMENT # L03000047910

1. Entity Name
SOUTH FLORIDA DESIGNERS, LLC



Principal Place of Business
**9357 FOUNTAINEBLEAU BLVD #D-110
MIAMI, FL 33172**

Mailing Address
**9357 FOUNTAINEBLEAU BLVD #D-110
MIAMI, FL 33172**

24074498



2. Principal Place of Business

6016 NW 116 PL

Suite, Apt. #, etc.

406

3. Mailing Address

6016 NW 116 PL

Suite, Apt. #, etc.

406

05052004 Chg-LLC CR2E083 (10/03)

City & State

DORAL, FL

City & State

DORAL FL

4. FEI Number

06-1714059

Applied For

Not Applicable

Zip

33178

Country

DADE

Zip

33178

Country

DADE

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE ARMAS, RODOLFO
9357 FOUNTAINEBLEAU BLVD #D-110
MIAMI, FL 33172**

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 of the person 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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DE ARMAS, RODOLFO**
STREET ADDRESS **9357 FOUNTAINEBLEAU BLVD #D-110**
CITY - ST - ZIP **MIAMI, FL 33172**

TITLE **MGR** ☒ Delete
NAME **VARGAS, WALTER**
STREET ADDRESS **9357 FOUNTAINEBLEAU BLVD #D-110**
CITY - ST - ZIP **MIAMI, FL 33172**

TITLE **MGR** ☒ Delete
NAME **FERNANDEZ, LUIS**
STREET ADDRESS **9357 FOUNTAINEBLEAU BLVD #D-110**
CITY - ST - ZIP **MIAMI, FL 33172**

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 **6016 NW 116 PL # 406**
CITY - ST - ZIP **DORAL FL 33178**

TITLE ☐ Change ☒ Addition
NAME **MARIEFER WERNER**
STREET ADDRESS **6016 NW 116 PL # 406**
CITY - ST - ZIP **DORAL FL 33178**

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 #