

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90062 038 ****55.00

DOCUMENT # L03000048669

1. Entity Name

TIVOLI ENTERPRISES, LLC



Principal Place of Business

**945 MARINER DR.
KEY BISCAYNE FL 33149**

Mailing Address

**945 MARINER DR.
KEY BISCAYNE FL 33149**

24078100



MOORE

CR2E083 (4/04)

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

20-1351315

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

**-B & C CORPORATE SERVICES, INC.
STE, 2700, ONE FINANCIAL PLAZA
FORT LAUDERDALE FL 33394**

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CONCEPCION LURIE VIRGIN**
STREET ADDRESS **945 MARINER DR**
CITY- ST- ZIP **KEY BISCAYNE, FL 33149**

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

TITLE **MGR** ☐ Delete
NAME **CHARLES VIRGIN**
STREET ADDRESS **945 MARINER DR**
CITY- ST- ZIP **KEY BISCAYNE, FL 33149**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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

CONCEPCION LURIE VIRGIN
MGRM

7/30/2004 (305)285-0162

Date

Daytime Phone #