

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000051155

1. Entity Name

LAZARO ESTEVEZ, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:49

Principal Place of Business

2725 W. OKEECHOBEE ROAD
#14
HIALEAH FL 33010
US

Mailing Address

2725 W. OKEECHOBEE ROAD
#14
HIALEAH FL 33010
US

2. Principal Place of Business

LAZARO ESTEVEZ

3. Mailing Address

432 E 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33013

Country

EUA

Zip

33013

Country

EUA



MOORE

CR2E083 (4/04)

4. FEI Number

20-0465918

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

Name

LAZARO ESTEVEZ

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

432 E 26 ST

City

HIALEAH

FL

Zip Code

33013

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

10/17/4

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 8, 2004

RENEW STATEMENT 04-05

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME LAZARO ESTEVEZ ☐ Delete
STREET ADDRESS 11245 SW 7th st
CITY-ST-ZIP MIAMI FL 33174

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900042158379
CITY-ST-ZIP 10/25/04--01063--006 **50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900042158379
CITY-ST-ZIP 02/10/05--01009--022 **150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 #

10/17/4