

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90005 032 ****50.00

DOCUMENT # L03000051672

1. Entity Name
PINECREST STORAGE LLC



Principal Place of Business
**68405 SW 81ST TERRACE
MIAMI, FL 33143 US**

Mailing Address
**68405 SW 81ST TERRACE
MIAMI, FL 33143 US**

44067819

2. Principal Place of Business

6840 SW 81ST Terrace

3. Mailing Address

6840 SW 81ST Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

US

Zip

33143

Country

US

04222004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0014317

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHERMER, RICHARD
19495 BISCAYNE BLVD
STE 606
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name

Clement Zanzuri

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

6840 SW 81ST Terrace

City

MIAMI

FL

Zip Code

33143

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

(NOTE: Registered Agent signature required when reinstating)

4/22/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CLEMENT, ZANZURI
68405 SW 81ST TERRACE
MIAMI, FL 33180** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**6840 SW 81ST Terrace
MIAMI, FL 33143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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 #

CLEMENT ZANZURI 4/22/04 305-666-6676