2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

03-15-2004 90430 006 ****50.00

DOCUMENT # L03000052154

1. Entity Name
TAQUERIA SAN JULIAN,LLC

Principal Place of Business	Mailing Address
11601 S. CLEVELAND AVE. UNIT #4 FORT MYERS, FL 33907 US	11601 S. CLEVELAND AVE. UNIT #4 FORT MYERS, FL 33907 US

03012004 Chg-LLC CR2E083 (10/03)

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 72-1576525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALCALA RIOS, LEONARDO
11601 S. CLEVELAND AVE.
UNIT #4
FORT MYERS, FL 33907

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ALCALA RIOS, LEONARDO 8362 BAMBOO RD. FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ 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: Leonardo Alcalá Rios 4-27-04 239-936-0529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PABLO ALCALA-BAUTISTA
DBA TAQUERIA SAN JULIAN
1160 T S. CLEVELAND AVE. STE. 4
FORT MYERS, FL 33907-2643
239-936-0529

Alcalabau 1510
3100405 4

DATE 03-10-04

PAY TO THE ORDER OF DEPARTMENT OF STATE (FLORIDA) $ 50.00

FIFTY DOLLARS

Bank of America

ACH RT 063100277

FOR L03000052154

Leonardo Alcala Rios