

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90051 036 ****50.00

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1. Entity Name
CENTRUST HOMES, LLC



Principal Place of Business

4011 WEST FLAGLER ST, STE 404
MIAMI, FL 33134

Mailing Address

4011 WEST FLAGLER ST, STE 404
MIAMI, FL 33134



04142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0481835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELASCO, ROLANDO
4011 WEST FLAGLER ST, STE 404
MIAMI, FL 33134

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IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME VELASCO, ROLANDO
STREET ADDRESS 4011 WEST FLAGLER ST, STE 404
CITY-ST-ZIP MIAMI, FL 33134

TITLE MGRM
NAME J.A.R. FAMILY LIMITED PARTNERSHIP
STREET ADDRESS PO BOX 165931
CITY-ST-ZIP MIAMI, FL 33116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #