

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-24-2005 90200 037 ****50.00

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1. Entity Name

CENTRO GROUP LLC



Principal Place of Business
**615 SW 200TH TERR
PEMBROKE PINES FL 33029**

Mailing Address
**615 SW 200TH TERR
PEMBROKE PINES FL 33029**

30003951



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3694255

Applied For

Not Applicab

Zip

Country

Zip

Country

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

**DE DENGHY, VICTORIA
615 SW 200TH TERR
PEMBROKE PINES FL 33029**

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ORICELLI, FRANCO**
CITY-ST-ZIP **615 SW 200TH TERR
PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DE DENGHY, VICTORIA**
CITY-ST-ZIP **615 SW 200TH TERR
PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **CAMPERO, HIRSCH A**
CITY-ST-ZIP **615 SW 200TH TERR
PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **LA ROCCA, CARMELO**
CITY-ST-ZIP **615 SW 200TH TERR
PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROCHETTI, MERISTELLA**
CITY-ST-ZIP **615 SW 200TH TERR
PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MEJIAS, ISABEL**
CITY-ST-ZIP **615 SW 200TH TERR
PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Addit
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

Date

Daytime Phone #