

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000055108

**FILED**  
**Apr 06, 2004**  
**Secretary of State**

**Entity Name:** MANUEL DEL VALLE, SR., L.L.C.

**Current Principal Place of Business:**

12674 SW 146TH STREET  
MIAMI, FL 33186

**New Principal Place of Business:**

14808 SW 179TH STREET  
MIAMI, FL 33187 US

**Current Mailing Address:**

12674 SW 146TH STREET  
MIAMI, FL 33186

**New Mailing Address:**

14808 SW 179TH STREET  
MIAMI, FL 33187 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANUEL DEL VALLE, SR.  
12674 SW 146TH STREET  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

MANUEL DEL VALLE, SR.  
14808 SW 179TH STREET  
MIAMI, FL 33187 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/06/2004

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MANUEL DEL VALLE, SR.  
Address: 12674 SW 146TH STREET  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MANUEL DEL VALLE, SR.  
Address: 14808 SW 179TH STREET  
City-St-Zip: MIAMI, FL 33187 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MANUEL DEL VALLE, SR.

MGR

04/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date