2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056164

1. ANTONIO J. YNASTRILLA, LLC

FILED

2004 OCT 15 P 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11555 SW 82 AVENUE
MIAMI, FL 33156

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MIAMI, FL 33156

08182004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11555 SW 82 AVE	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State MIAMI	City & State
Zip 33156 / Country USA	Zip / Country

4. FEI Number — ☑ Applied For ☐ Not Applicable

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
YNASTRILLA, ANTONIO J 11555 SW 82 AVENUE MIAMI, FL 33156	FL

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 September 8, 2004

Make check payable to Florida Department of State

9.		10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YNASTRILLA, ANTONIO J 11555 SW 82 AVENUE MIAMI, FL 33156 ☐ 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: Managing Member 8/18/04 305-773 3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #