

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90202 018 ****50.00

DOCUMENT # L04000001344

1. Entity Name
IMMIGRATION LAW OFFICE OF DENISE MENDEZ LLC



Principal Place of Business
3600 S STATE ROAD 7
SUITE 347
MIRAMAR, FL 33023

Mailing Address
3600 S STATE ROAD 7
SUITE 347
MIRAMAR, FL 33023

2. Principal Place of Business
3876 Sheridan St.

3. Mailing Address
3876 Sheridan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-LLC CR2E083 (10/03)

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
20-0558927

Applied For
Not Applicable

Zip
33021

Country

Zip
33021

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

MENDEZ, DENISE
3600 S STATE ROAD 7
SUITE 347
MIRAMAR, FL 33023

Name
Mendez, Denise

Street Address (P.O. Box Number is Not Acceptable)

3876 Sheridan St.

City
Hollywood

FL

Zip Code
33021

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MENDEZ, DENISE
3600 S STATE ROAD 7 STE 347
MIRAMAR, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MENDEZ, DENISE
3876 Sheridan St.
Hollywood FL 33021 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/05

954-963-9220