

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90089 012 ****50.00

14018339



07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1274830** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JON
4492 36TH STREET
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DIAZ, JOSUE M ☐ Delete
STREET ADDRESS 1612 JESSAMINE AVE.
CITY-ST-ZIP ORLANDO, FL 32806

TITLE MGR
NAME DIAZ, ELISEO M ☐ Delete
STREET ADDRESS 1612 JESSAMINE AVE.
CITY-ST-ZIP ORLANDO, FL 32806

TITLE MGR
NAME ~~ROMERO-MEDINA, ENRIQUE~~ ☒ Delete
STREET ADDRESS 1612 JESSAMINE AVE.
CITY-ST-ZIP ORLANDO, FL 32806

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE MGR
NAME Hilites Santiago Cuba ☐ Change ☒ Addition
STREET ADDRESS 1612 JESSAMINE AVE
CITY-ST-ZIP ORLANDO FL 32806

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

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

TITLE
NAME ☐ Change ☐ Addition
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: *Jose Mark D.*

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

Date

Daytime Phone #