

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

02-28-2005 90046 031 ****50.00

DOCUMENT # L04000007126					
1. Entity Name PASTOR HOLDINGS, LLC					
Principal Place of Business 5999 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 5999 BISCAYNE BLVD. MIAMI, FL 33137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0793984				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		
CORPDIRECT AGENTS, INC. 103 N MERIDIAN ST, LOWER LEVEL TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTOR, JOSE C 5999 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIST-PASTOR, MICHELLE A 5999 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 606, Florida Statutes.			SIGNATURE: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 2/21/05		Daytime Phone #: (305) 758 7774