

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 029 ****50.00

DOCUMENT # L04000008255

1. Entity Name
INTERNATIONAL CONTAINER REPAIR COMPANY, LLC



Principal Place of Business
**1901 ANTARTICA WAY
PORT OF MIAMI
MIAMI, FL 33133**

Mailing Address
**1901 ANTARTICA WAY
PORT OF MIAMI
MIAMI, FL 33133**

20065706



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07222005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

03-0536065

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTIAGO DIEZ, P.A.
80 S.W. 8TH ST, STE 2510
MIAMI, FL 33130**

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 **President** ☐ Delete
NAME **Christopher Morton**
STREET ADDRESS **1717 N. Bayshore Drive**
CITY-ST-ZIP **Miami, FL 33132**

TITLE **General Manager** ☐ Delete
NAME **Roman Benitez**
STREET ADDRESS **16722 SW 78th**
CITY-ST-ZIP **Palmetto Bay, FL 33157**

TITLE **Operation Manager** ☐ Delete
NAME **Eduardo Benitez**
STREET ADDRESS **2000 S. Bayshore Drive**
CITY-ST-ZIP **Miami, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

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

Date

Daytime Phone #

7/25/2005 305-579-9979