2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-29-2005 90052 037 ****50.00

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1. Entity Name

SANTA CRUZ, LLC

Principal Place of Business	Mailing Address
330 NW 16TH STREET DELRAY BEACH FL 33444	330 NW 16TH STREET DELRAY BEACH FL 33444

300089952

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
330 NW 16 St	330 NW 16 St	20-0706871	Applied For / Not Applicable
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required
City & State: Delray Beach, FL	City & State: Delray Beach FL		
Zip: 33444 Country: Palm Beach	Zip: 33444 Country: Palm Beach		

6. Name and Address of Current Registered Agent

PEREZ, CAROL
330 NW 16TH STREET
DELRAY BEACH FL 33444

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: Carol Perez (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 6/2/05

I am the only member of Santa Cruz LLC

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Agent Carol Perez 330 NW 16 St Delray Beach, FL 33444 ☐ 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: Carol Perez 4/25/05 (561) 278-0494

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