

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90044 044 ***150.00

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04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2442888 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROS, ERIC R
16148 SW 27TH STREET
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name ENRIQUE E ROS
Street Address (P.O. Box Number is Not Acceptable)
16127 DENHAM CT
City CLERMONT FL Zip Code 34711

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

04/27/05
Make check payable to
Florida Department of State

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ROS, ENRIQUE E
STREET ADDRESS 16127 DENHAM CT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE MGR ☒ Delete
NAME ROS, DULCE M
STREET ADDRESS 16127 DENHAM CT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE MGR ☒ Delete
NAME MARRERO, GUSTAVO
STREET ADDRESS 16127 DENHAM CT.
CITY-ST-ZIP CLERMONT, FL 34711

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

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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 #