


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90078 041 ****50.00

DOCUMENT # L04000015363

1. Entity Name
 RUDY GUTIERREZ, LLC



Principal Place of Business Mailing Address
~~PO BOX 481 EDgewater, FL 32141~~ 1309 BOND ST PO BOX 481 EDgewater, FL 32141
 32132 32132

2. Principal Place of Business 3. Mailing Address
 1309 BOND ST 1309 BOND ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State EDgewater FL City & State EDgewater FL

Zip Country 32132 Volusia Zip Country 32132 Volusia

01242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1485538 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 GUTIERREZ, RUDY 1309 BOND ST
~~807 9TH AVENUE~~ EDgewater FL
 NEW SMYRNA BEACH, FL 32169 32132

7. Name and Address of New Registered Agent
 Name RUDY GUTIERREZ
 Street Address (P.O. Box Number is Not Acceptable) 1309 BOND ST
 EDgewater FL 32132
 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 *Rudy Gutierrez* (NOTE: Registered Agent signature required when reinstating) DATE 1-24-05

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM NAME GUTIERREZ, RUDY STREET ADDRESS PO BOX 481 CITY - ST - ZIP EDgewater, FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rudy Gutierrez* Date 1-24-05 Daytime Phone #

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

