


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 PO BOX 481 EDGEWATER, FL 32141		Mailing Address PO BOX 481 EDGEWATER, FL 32141	
1309 BOND ST EDGEWATER FL 32132		1309 BOND ST EDGEWATER FL 32132	
2. Principal Place of Business 1309 BOND ST Suite, Apt. #, etc.		3. Mailing Address 1309 BOND ST Suite, Apt. #, etc.	
City & State EDGEWATER FL		City & State EDGEWATER FL	
Zip 32132		Country FLORIDA	
4. FEI Number 37-1485538		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GUTIERREZ, RUDY 807 9TH AVENUE NEW SMYRNA BEACH, FL 32169		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 <i>Rudy Gutierrez</i>		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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUTIERREZ, RUDY PO BOX 481 EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Rudy Gutierrez</i>		DATE 1-24-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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01242005 Chg-LLC CR2E083 (10/03)