

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016926

1. Entity Name
CANTELOP HOLIDAY, LLC



FILED

05 MAY -2 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2199 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134

Mailing Address
2199 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134



2. Principal Place of Business
150 Alhambra Circle
Suite, Apt. #, etc. 925

3. Mailing Address
150 Alhambra Circle
Suite, Apt. #, etc. 925

04272005 Chg-LLC CR2E083 (10/03)

City & State
Coral Gables FL
Zip 33134 Country Dade

City & State
Coral Gables FL
Zip 33134 Country Dade

4. FEI Number
51-0499286
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY, STE 103
MIAMI, FL 33145

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LOPEZ-CANTERA, CARLOS
STREET ADDRESS 2199 PONCE DE LEON BLVD, STE 200
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
150 Alhambra Circle suite 925
Coral Gables FL 33134

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

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

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

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

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

Date

Daytime Phone #

4/27/05

305-856-0056