2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 08, 2005 8:00 am **DOCUMENT # L04000018666** Secretary of State 1. Entity Name PVP CONTRACTORS, LLC 04-08-2005 90276 022 ****50.00 Principal Place of Business Mailing Address 717 PONCE DE LEON BLVD., SUITE 230 717 PONCE DE LEON BLVD., SUITE 230 CORAL GABLES, FL 33134 CORAL GABLES, FL. 33134 Principal Place of Business Mailing Address 3630 JUSTI SON Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number 33 - 110 Applied For City & State MAMI Not Applicable \$5.00 Additional 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORTELA PORTELA, RAMON Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD., SUITE 230 CORAL GABLES, FL 33134 MIAMI 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. the obligations of registered agent. **HORTELA** DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR MGRM Change ☐ Addition TITI F TITLE Delete RAMON PORTELA PORTELA, RAMON NAME NAME 3630 JUSTISON RD 717 PONCE DE LEON BLVD., SUITE 230 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3313² CITY-ST-ZIP CORAL GABLES, FL 33134 Change MGRM ☐ Delete ☐ Addition TITLE PEREZ, BRAULIO NAME NAME 6405 NW 36TH STREET, #206 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete me ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

- RAMON PORTELA

FILED

305-740-0962