

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90050 003 ****55.00

20040548



02042005 Chg-LLC CR2E083 (10/03)

4. FEI Number **55-0869594** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~GOMEZ, LUIS P~~ **LUIS PRADO**
2700 GLADES CIRCLE
SUITE 130
WESTON, FL 33327

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 MGR
NAME ~~GOMEZ, LUIS~~ **LUIS PRADO** ☐ Delete
STREET ADDRESS 2700 GLADES CIRCLE SUITE 130
CITY-ST-ZIP WESTON, FL 33327

TITLE MGR
NAME CONTRERAS, ZORAIDA ☐ Delete
STREET ADDRESS 2700 GLADES CIRCLE SUITE 130
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MGR. ☒ Change ☐ Addition
NAME **LUIS PRADO**
STREET ADDRESS 2700 GLADES CIRCLE SUITE 130
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Change ☐ Addition
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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

04/19/05

Date

954/389 8544

Daytime Phone #