2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE and TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90014 034 ****50.00

Daytime Phone #

1. Entity Name	MENT # L0400003 FAMILY, LLC			05-03-2005 9	90014 034 ****5	0.00	
Principal Place of Business 5802 MARINER STREET TAMPA, FL 33609		Mailing Address 5802 MARINER STREET TAMPA, FL 33609					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005	Chg-LLC	CR2E083 (10/03)
City & State		City & State		4. FEI Numb	1044414	 	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	a of Status Desired	☐ \$5.00 Ad Fee Requir	
	6. Name and Address of Curre	nt Registered Agent	Name		d Address of New F	legistered Agent	
DUNSFORD, TINA ESQ			Street Ac	ddress (P.O. Box Numb	oer is Not Acceptable	e)	
TAMPA, FL 127)	200 (eutral Avenue Suite 1600		
		0	City St		Jurg-	FL Zip Co	55101
8. The above the obligati	named entity submits this statement ions of registered agent	for the purpose of changing its	s registered office or	registered agent, or be	oth, in the State of Flo	orida. I am familiar with	n, and accept
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registered Agent signatu	re required when reinstating)	•	DATE	
Filing Fee is \$50.00 Due by May 1, 2005						se check payable to a Department of Sta	
		,					
9.	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM	BERS/MANAGERS	TITLE	Managing Me Hernan D. Wir 5802 Marine Tampa FL	mber	/CHANGES Change	☑ Addition
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