

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

04-29-2005 90033 024 ****50.00

DOCUMENT # L04000035170			
1. Entity Name ALEX VILLARREAL ENTERPRISES, L.L.C.			
Principal Place of Business 17928 TOLEDO BLADE BLVD. PORT CHARLOTTE, FL 33948		Mailing Address 17928 TOLEDO BLADE BLVD. PORT CHARLOTTE, FL 33948	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1139158		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLARREAL, ALEXANDER 17928 TOLEDO BLADE BLVD. PORT CHARLOTTE, FL 33948		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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBER MGR M ☐ Delete ALEXANDER VILLARREAL 23128 DIANE AVE PORT CHARLOTTE FL 33954	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBER MGR M ☐ Delete ESTHER M. VILLARREAL 23128 DIANE AVE PORT CHARLOTTE FL 33954	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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 person empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		941 241 371-2005 625-7520	