

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038354

FILED
Mar 06, 2005
Secretary of State

Entity Name: GOMEZ TAVERA SERVICES, LLC

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

12660 SYDNEY ROAD
DOVER, FL 33527

Current Mailing Address:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

12660 SYDNEY ROAD
DOVER, FL 33527

FEI Number: 20-1168603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GOMEZ, CESAR A MGRM
12660 SYDNEY ROAD
DOVER, FL 33527 US

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.

SIGNATURE: CESAR A. GOMEZ

03/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOMEZ, CESAR
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: TAVERA, LUZ MARINA
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ, CESAR
Address: 12660 SYDNEY ROAD
City-St-Zip: DOVER, FL 33527

Title: MGRM (X) Change () Addition
Name: TAVERA, LUZ MARINA
Address: 12660 SYDNEY ROAD
City-St-Zip: DOVER, FL 33527

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CESAR A. GOMEZ

MGRM

03/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date