May-13-05 08:48am From-COHEN NORRIS SCHERER 561-842

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90314 035 ****50.00

DOCUMENT # L04000039431

1. Entity Name
ESG ENTERPRISES, LLC

Principal Place of Business
7034 GRAPEVIEW BLVD.
LOXAHATCHEE, FL 33470

Mailing Address
7034 GRAPEVIEW BLVD.
LOXAHATCHEE, FL 33470

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

05122005 Chg-LLC CR2E083 (10/03)

4. FEI Number | Applied For | ✓ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDY
7034 GRAPEVIEW BLVD.
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name: Marvin Garcia

Street Address (P.O. Box Number is Not Acceptable): 7034 Grapeview Blvd

City: Loxahatchee FL Zip Code: 33470

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] [signature] 5/13/05
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GARCIA, EDY
STREET ADDRESS	7034 GRAPEVIEW BLVD.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

☐ Delete

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10. ADDITIONS/CHANGES

TITLE	CO-MGR
NAME	Garcia, Marvin
STREET ADDRESS	7034 Grapeview Blvd
CITY-ST-ZIP	Loxahatchee FL 33470

☐ Change ☐ Addition

TITLE	
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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] 5/13/05 561-253-3690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #