

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 043 \*\*\*\*50.00

**DOCUMENT # L04000040562**

1. Entity Name  
GM BROTHERS, L.L.C.



Principal Place of Business  
P.O. BOX 960715  
MIAMI, FL 33296-0715

Mailing Address  
P.O. BOX 960715  
MIAMI, FL 33296-0715



07202005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1240290**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SANJURJO, BARBARA ESQ.  
THOMAS S. SHERMAN, ESQ. P.A.  
218 ALMERIA AVE.  
CORAL GABLES, FL 33134

**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 September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
FIGUEROA, CRISTALINA  
P.O. BOX 960715  
MIAMI, FL 332960715

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**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ACCOUNTING, TAX AND BUSINESS SOLUTIONS, P.A.**  
*A Certified Public Accounting Firm*

10001 N.W. 50TH STREET  
SUITE 204  
SUNRISE, FL 33351

(954) 746-0156  
FAX: (954) 746-7690

ATTACHMENT  
20065908

July 20, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: GM Brothers, LLC  
Doc# L04000040562

Dear Sirs:

Enclosed is our clients check in the amount of \$50.00 along with the completed and signed 2005 annual report.

Please note that our client never received the original notice and was not aware there was an annual filing.

Thank you for your cooperation in this matter.

Sincerely,  
Accounting, Tax and Business Solutions, P.A.



Barington Bell