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May 02, 2005 8:00 am
Secretary of State

02-15-2005 90048 030 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

30005397

01272005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000046734

1. Entity Name
CELVAZ ENTERPRISES, LLC

Principal Place of Business
37 RYAN BOULEVARD
SEBRING, FL 33872

Mailing Address
37 RYAN BOULEVARD
SEBRING, FL 33872

2. Principal Place of Business
37 Ryant Blvd
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
37 Ryant Blvd
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
20-2743459
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CELESTINA, LESLIE W
414 13TH AVENUE
SEBRING, FL 33872

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

TITLE	MANAGING MEMBER ☐ Delete
NAME	LESLIE CELESTINA
STREET ADDRESS	414 13TH AVENUE
CITY-ST-ZIP	SEBRING FL 33872
TITLE	MANAGING MEMBER ☐ Delete
NAME	MARYLIN VASQUEZ
STREET ADDRESS	414 13th AVENUE
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 1/27/05 863-382-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #