

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90178 047 \*\*\*150.00

**DOCUMENT # L04000049448**

1. Entity Name

**PUERTA DE PALMAS 302 LLC**



Principal Place of Business

**11581 NW 68TH TERRACE  
DORAL FL 33178**

Mailing Address

**11581 NW 68TH TERRACE  
DORAL FL 33178**

2. Principal Place of Business

**7668 NW 116 AV**

3. Mailing Address

**7668 NW 116 AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DORAL FL**

City & State

**DORAL FL**

Zip

**33178**

Country

**USA**

Zip

**33178**

Country

**USA**

4. FEI Number

**20-1872350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, NELSON J  
11581 NW 68TH TERRACE  
DORAL FL 33178**

7. Name and Address of New Registered Agent

Name **NELSON J. SANCHEZ**

Street Address (P.O. Box Number is Not Acceptable)

**7668 NW 116 AV**

City **DORAL FL**

**FL**

Zip Code **33178**

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

*Nelson Sanchez*

**NELSON J. SANCHEZ**

**Feb-7-2005**

Signature, typed or printed name of registered agent, and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **SANCHEZ, NELSON J**  
STREET ADDRESS **11581 NW 68TH TERRACE**  
CITY-ST-ZIP **DORAL FL 33178**

TITLE **MGRM** ☒ Delete  
NAME **SANCHEZ, OLIMPIADES E**  
STREET ADDRESS **11581 NW 68TH TERRACE**  
CITY-ST-ZIP **DORAL FL 33178**

TITLE **MGRM** ☒ Delete  
NAME **SANCHEZ, FRANCISCO J**  
STREET ADDRESS **11581 NW 68TH TERRACE**  
CITY-ST-ZIP **DORAL FL 33178**

TITLE **MGRM** ☒ Delete  
NAME **FOSSA, ALVARO M**  
STREET ADDRESS **11581 NW 68TH TERRACE**  
CITY-ST-ZIP **DORAL FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **SANCHEZ NELSON J**  
STREET ADDRESS **7668 NW 116 AV**  
CITY-ST-ZIP **DORAL FL 33178**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **SANCHEZ OLIMPIADES E**  
STREET ADDRESS **7668 NW 116 AV**  
CITY-ST-ZIP **DORAL FL 33178**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **SANCHEZ FRANCISCO J**  
STREET ADDRESS **7668 NW 116 AV**  
CITY-ST-ZIP **DORAL FL 33178**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **FOSSA ALVARO M.**  
STREET ADDRESS **7668 NW 116 AV**  
CITY-ST-ZIP **DORAL FL 33178**

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:

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

**NELSON J. SANCHEZ**

**Feb/7/2005 305-3022894**

Date

Daytime Phone #