

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90018 046 ****50.00

DOCUMENT # L04000053466

1. Entity Name
OTALORA CONSTRUCTION SOLUTIONS, L.L.C.



Principal Place of Business

7321 SW 109 COURT
MIAMI, FL 33173

Mailing Address

7321 SW 109 COURT
MIAMI, FL 33173

20037755



2. Principal Place of Business

7321 SW 109 COURT
Suite, Apt. #, etc.

3. Mailing Address

7321 SW 109 COURT
Suite, Apt. #, etc.

03242005 Chg-LLC CR2E083 (10/03)

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

830401954

Applied For

Not Applicable

Zip

33173

Country

DADE

Zip

33173

Country

DADE

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTALORA, MARIO O
7321 SW 109 COURT
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name - N/A

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 MGR
NAME OTALORA, MARIO O
STREET ADDRESS 7321 SW 109 COURT
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE MGR
NAME OTALORA, MONICA M
STREET ADDRESS 7321 SW 109 COURT
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 #

3054992147