

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90130 049 ****50.00

DOCUMENT # L04000057791

1. Entity Name

SUPERSONIC STUDIOS LLC



Principal Place of Business

**15751 SHERIDAN ST SUITE 201
FT LAUDERDALE FL 33331**

Mailing Address

**15751 SHERIDAN ST SUITE 201
FT LAUDERDALE FL 33331**

20012252



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

6157 N.W. 167 STREET

Suite, Apt. #, etc.

F-4

City & State

MIAMI FL

Zip

33015

Country

USA

3. Mailing Address

15751 SHERIDAN ST

Suite, Apt. #, etc.

201

City & State

FT LAUDERDALE

Zip

FL

Country

33331

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

**CUIFFO, STEVEN R
6157 N.W. 167 ST.
F-4
MIAMI FL 33015**

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

**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 **CUIFFO, STEVEN R**
STREET ADDRESS **6157 N.W. 167 ST. #F-4**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **MGRM**
NAME **CELIS, GUSTAVO**
STREET ADDRESS **6157 N.W. 167 ST # F-4**
CITY-ST-ZIP **MIAMI FL 33015**

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
CITY-ST-ZIP

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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

GUSTAVO CELIS

2-15-05

(205)332-9881

Date

Daytime Phone #