

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 034 ****50.00

DOCUMENT # L04000064160

1. Entity Name

DECEMBER 8TH, L.L.C.



Principal Place of Business

1506 S.W. 143 COURT
MIAMI FL 33184

Mailing Address

1506 S.W. 143 COURT
MIAMI FL 33184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2247324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, LUIS ALBERTO
1506 S.W. 143 COURT
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Alberto - Silva

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

1506 SW 143 Ct.

City

Miami.

FL

Zip Code

33184

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	<input type="checkbox"/> Delete
NAME	SILVA, ALBERTO	
STREET ADDRESS	1506 S.W. 143 COURT	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	SILVA, LUIS ALBERTO	
STREET ADDRESS	1506 S.W. 143 COURT	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	SILVA, IVAN	
STREET ADDRESS	1506 S.W. 143 COURT	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #