2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-11-2005 90136 027 ****50.00

DOCUMENT # L04000064615

1. Entity Name
ROLANDO CABRERA, LLC

Principal Place of Business	Mailing Address
2774 FAIRBROOK ST NORTH PORT FL 34287	2774 FAIRBROOK ST NORTH PORT FL 34287

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
2774 Fairbrook St	Same
Suite, Apt. #, etc. North Port	Suite, Apt. #, etc.
City & State FL	City & State
Zip 34287 Country Sorasota	Zip Country

4. FEI Number 73-1726954 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CABRERA, ROLANDO
2774 FAIRBROOK ST
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name Rolando Cabrera
Street Address (P.O. Box Number is Not Acceptable) 2774 fairbrook st
City North Port FL Zip Code 34287

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] 2-4-05
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRERA, ROLANDO 2774 FAIRBROOK ST NORTH PORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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] 2-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #