# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Mar 11, 2005 8:00 am**
**Secretary of State**
02-11-2005 90139 040 ****55.00

DOCUMENT # L04000076294

1. Entity Name
AMERIFIRST CAPITAL GROUP, LLC

Principal Place of Business
11543 N. KENDALL DRIVE
MIAMI FL 33176

Mailing Address
11543 N. KENDALL DRIVE
MIAMI FL 33176

30001278

1st MOORE CR2E083 (10/04)

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 20-1840655 | Applied For | Not Applicable

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

**6. Name and Address of Current Registered Agent**

LUCK, RICHARD S
11543 N. KENDALL DRIVE
MIAMI FL 33176

**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 resigning) 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 | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LUCK, RICHARD S | NAME | |
| STREET ADDRESS | 11543 N. KENDALL DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33176 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** Richard S. Luck 2/8/05 305-271-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #