

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90035 015 ****50.00

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06262005 Chg-LLC CR2E083 (10/03)

4. FEI Number **59-3786937** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSIO, JUAN M
11231 HERON BAY BLVD
3624
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name **Osio, Juan M**
Street Address (P.O. Box Number is Not Acceptable)
11201 Heron Bay Blvd # 3916
City **Coral Springs** FL Zip Code **33076**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-10-05

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **OSIO, JUAN M**
STREET ADDRESS **11231 HERON BAY BLVD #3624**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE **MGRM** ☐ Delete
NAME **OSIO, STACEY D**
STREET ADDRESS **11231 HERON BAY BLVD #3624**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **OSIO, JUAN M**
STREET ADDRESS **11201 Heron Bay Blvd # 3916**
CITY-ST-ZIP **Coral Springs FL 33076**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **OSIO, STACEY D**
STREET ADDRESS **11201 Heron Bay Blvd # 3916**
CITY-ST-ZIP **Coral Springs FL 33076**

TITLE ☐ Change ☐ Addition
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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

8-10-05

Date

954-682-6100

Daytime Phone #