

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081257

FILED
Apr 15, 2009
Secretary of State

Entity Name: TRU 704 LLC

Current Principal Place of Business:

18246 COLLINS AVE
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

18246 COLLINS AVE
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-2848760 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GLEIZER, HERNAN
18246 COLLINS AVE
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIPPEL, PABLO
Address: 18246 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR (X) Delete
Name: ALPERN, FERNANDO
Address: 18246 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PABLO RIPPEL

MGR

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date