2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L04000092977 1. Entity Name DIRE ENTERPRISES LLC						04-27-2005 90018 027 ****55.00				
Principal Place of Business 7111 SW 39TH COURT DAVIE, FL 33314 Mailing Address 7111 SW 39TH COURT DAVIE, FL 33314 DAVIE, FL 33314						k 1 88 18 9 11 6 11 6		_	11 8 181 12 1 88 12 1 88	1881 (III 1888)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· ·			04252005	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State				4. FEI Number	NIA			plied For t Applicable
Zip	Country	Zip	Coun	try			f Status Desired	~	\$5.00 Add Fee Required	
	6. Name and Address of Curre	ent Registered Agent		None		7. Name and A	ddress of New R	egistered A	Agent	
HINDEN, JON A ESQ. 4430 SOUTHWEST 64TH AVENUE DAVIE, FL 33314				Name Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
8. The above the obligation	named entity submits this statementions of registered agent.	t for the purpose of changing i	ts registere	ed office or	register	ed agent, or both	, in the State of Flo	orida. I am I	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	toot and tole if anyther bla		•						
	organismo, typos or primited marine or registered ag	perit and title it applicable. (140	OTE: Registered	d Agent signatur	re required	when reinstating)		DATE		
Fi	iling Fee Is \$50.00 ue by May 1, 2005	rent and the in purpose. (14)	OTE: Registered	d Agent signatur	re required	when reinstating)		e check p	ayable to ent of State	e
Fi	iling Fee is \$50.00 ue by May 1, 2005	IBERS/MANAGERS	OTE: Registered	d Agent signatu	re required	when reinstating)		e check p a Departm	ent of State	e
Fi De	iling Fee is \$50.00 ue by May 1, 2005		10. Title Nami		į	when reinstating)	Florida	e check p a Departm	ent of State	Addition
9. IITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEN MGRM ESPINOZA, HUMBERTO 7111 S.W. 39TH COURT	IBERS/MANAGERS	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS -ST-ZIP	į	when reinstating)	Florida	e check p a Departm	ent of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEN MGRM ESPINOZA, HUMBERTO 7111 S.W. 39TH COURT	IBERS/MANAGERS ☐ Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY- TITLE NAMI STRE	E E ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP		when reinstating)	Florida	e check p a Departm	Change	☐ Addition
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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. 305-858-8100

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #