

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90371 016 \*\*\*\*50.00

**DOCUMENT # L05000008524**

1. Entity Name  
604 TMP LLC



Principal Place of Business  
18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160

Mailing Address  
18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160

2. Principal Place of Business - No P.O. Box #  
9577 Harding Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
9577 Harding Ave.  
Suite, Apt. #, etc.



01102007 Chg-LLC CR2E083 (12/06)

City & State  
Surfside, FL  
Zip  
33154  
Country  
USA

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Surfside, FL  
Zip  
33154  
Country  
USA

4. FEI Number  
20-4933671  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GLEIZER, HERNAN  
18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160

## 7. Name and Address of New Registered Agent

Name  
Gleizer, Hernan

Street Address (P.O. Box Number is Not Acceptable)

9577 Harding Ave.

City  
Surfside

FL Zip Code  
33154

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BRAVER, JORGE  
18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TUACHI, ELIAS  
18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Braver, Jorge  
9577 HARDING AVE  
SURFSIDE, FL 33154 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Tuachi, Elias  
9577 HARDING AVE  
SURFSIDE, FL 33154 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #