

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90031 049 \*\*\*\*50.00

**DOCUMENT # L05000025388**

1. Entity Name  
**RIGOR MORTIS FILMS, LLC**



Principal Place of Business  
**4555 NW 99TH AVENUE #106  
DORAL, FL 33178**

Mailing Address  
**4555 NW 99TH AVENUE #106  
DORAL, FL 33178**

**60035402**



2. Principal Place of Business  
**1962 NW 169th Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**11904 MIRAMAR PARKWAY**  
Suite, Apt. #, etc.

05012006 Chg-LLC CR2E083 (11/05)

City & State  
**PENBRIDGE PINES, FLORIDA**

City & State  
**MIRAMAR, FLORIDA**

4. FEI Number  
**20-2516350**

Applied For  
☐ Not Applicable

Zip  
**33028**

Country

Zip  
**33025**

Country

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

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

**RIOS, LEOPOLDO G  
2800 GLADES CIRCLE STE E-102  
WESTON, FL 33327**

**7. Name and Address of New Registered Agent**

Name **RIOS, LEOPOLDO G.**

Street Address (P.O. Box Number is Not Acceptable)  
**11904 MIRAMAR PARKWAY**

City **MIRAMAR**

**FL**

Zip Code  
**33025**

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]*

**LEOPOLDO G. RIOS**

**04/30/2006**

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, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GALAVIS, LEONARDO D  
4555 NW 99TH AVENUE #106  
DORAL, FL 33178** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ 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]*

**LEONARDO D. GALAVIS**

**4-30-06**

**(954) 442-8771**

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

Date

Daytime Phone #