

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000305

1. Entity Name
C. NACAN, L.C.



Principal Place of Business
1 SE 3RD AVE, SUITE 2250
MIAMI, FL 33131

Mailing Address
1 SE 3RD AVE, SUITE 2250
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
1980 SUN TRUST INTERNATIONAL CENTER
1 SE 3RD AVE, SUITE 2250
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DEL VALLE, ELENA GONZALEZ
1 SE 3RD AVE, SUITE 2250
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
AMKGS REGISTERED AGENTS, INC.
1 SE 3RD AVE, SUITE 2250
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000139350
04/29/04-80119-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

AMKGS REGISTERED AGENTS, INC.

SIGNATURE: By: _____

Arturo J. Aballi

4-27-04

305-373 6600

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

Date

Daytime Phone #