

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000127

1. Entity Name

ARANGO & GARCIA-MORERA, L.L.C.



Principal Place of Business

1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address

1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134



03012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0818109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA-MORERA, ENRIQUE J
1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GARCIA-MORERA, ENRIQUE J
STREET ADDRESS 1414 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGRM
NAME ARANGO, ELSA M
STREET ADDRESS 1414 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33134

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U00000251256
03/04/05-80045-003 50.00

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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.

SIGNATURE:

E. M. Arango

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

3-1-05

Date

305 449-6489

Daytime Phone #