

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90020 034 \*\*\*\*50.00

**DOCUMENT # L98000002826**

1. Entity Name  
**TOWELS & TEES, L.L.C.**



Principal Place of Business  
**16930 NW 4TH AVENUE  
MIAMI, FL 33169**

Mailing Address  
**16930 NW 4TH AVENUE  
MIAMI, FL 33169**

**24034317**



02042004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0887841</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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

**JACOBI, AVI  
16930 NW 4TH AVE.  
MIAMI, FL 33169**

**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	<b>MGR SHERRITON, BRIAN 16930 MIAMI, FL 33169</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR JACOBI, AVI 16930 MIAMI, FL 33169</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SHERRITON, PHILLIP 16930 MIAMI, FL 33169</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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.

**SIGNATURE:** \_\_\_\_\_

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

**AVI JACOBI**

**04-23-04**

Date

**305-652-0013**

Daytime Phone #