

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90027 004 ****55.00

DOCUMENT # L99000002206-

1. Entity Name
GUASO LLC



Principal Place of Business
**6830 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

Mailing Address
**6830 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0977785

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CARPENTER, JOSEPH E JR.~~ **MOLA, LUIS**
**6682 NW 16 TERRACE
FORT LAUDERDALE, FL 33309**

**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

09 MAR 05

(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 ~~CROMBET, LTD.~~ **RODRIGUEZ, RAMON**
STREET ADDRESS ~~7080 NW 4 STREET~~ **6830 NW 16 TERRACE**
CITY - ST - ZIP ~~PLANTATION, FL 33317~~ **FORT LAUDERDALE, FL 33309**

TITLE MGRM
NAME MOLA, ANA
STREET ADDRESS 6830 NW 16TH TERRACE
CITY - ST - ZIP FORT LAUDERDALE, FL 33309

TITLE MGRM
NAME MOLA, LUIS
STREET ADDRESS 6830 NW 16TH TERRACE
CITY - ST - ZIP FORT LAUDERDALE, FL 33309

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

19 MAR 05 954 975 2133

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

Date

Daytime Phone #