

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90528 022 ****50.00

DOCUMENT # L99000002284

1. Entity Name
BEVI BUNS, L.L.C.



Principal Place of Business
3995 NW 107 AVENUE
MIAMI, FL 33178

Mailing Address
3995 NW 107 AVENUE
MIAMI, FL 33178



04102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0913807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISENFELD, JOSEPH J
C/O WEISENFELD & ASSOC. P. A.
550 BILTMORE WAY STE 1120
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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WARMAN, RICARDO
3995 NW 107 AVENUE
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHAPARRO, OMAR
3209 HUNTINGTON
WESTON, FL 33332

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Ricardo Warman

4/26/04

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

Date

Daytime Phone #