

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002988 1. Entity Name CONFHAR, LLC	
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Principal Place of Business 4176 CARAMBOLA CIRCLE SO. BLDG 10 COCONUT CREEK, FL 33066	Mailing Address 4176 CARAMBOLA CIRCLE SO. BLDG 10 COCONUT CREEK, FL 33066
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04032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0923342	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LERARIO, LEA MARIA
4176 CARAMBOLA CIRCLE SO.
BLDG 10
COCONUT CREEK, FL 33066**

**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**

**U000000116627
04/16/04-80072-018 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LERARIO, LEA MARIA 4176 CARAMBOLA CIRCLE SO., BLDG 10 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, ARMANDO H 4176 CARAMBOLA CIRCLE SO., BLDG 10 COCONUT CREEK, FL 33066
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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:

Lea Lerario **Lea Lerario** **04/12/04** **9545476842**

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

Date

Daytime Phone #