

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000003062

1. Entity Name
ANORCA, L.L.C.



Principal Place of Business
8222 NW SOUTH RIVER DR
MIAMI, FL 33166

Mailing Address
8222 NW SOUTH RIVER DR
MIAMI, FL 33166



03112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0929776

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL A
201 ALHAMBRA CIRCLE
SUITE 702
MIAMI, FL 33166

**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**

PR 5/1/21

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASARIEGO, HUMBERTO F
8222 NW SOUTH RIVER DR
MEDLEY, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASARIEGO, ORLANDO J
8222 NW SOUTH RIVER DR
MEDLEY, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000266011
03/17/05-80013-006 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)(f), 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

Date

Daytime Phone #

Orlando J. Casariego 3-11-05 80013-006