


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90184 014 ****55.00

DOCUMENT # L99000003359					
1. Entity Name PROVIDENCE CAPITAL L.C.					
Principal Place of Business 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131		
2. Principal Place of Business 701 BRICKELL AVE Suite, Apt. #, etc. 1740			3. Mailing Address 701 BRICKELL AVE Suite, Apt. #, etc. 1740		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0927687	
Zip 33131		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUJILLO, JUAN JOSE 701 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: JUAN JOSE TRUJILLO Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVE Suite 1740 City: MIAMI FL Zip Code: 33131	
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: <u>Juan Trujillo (Managing Director)</u> DATE: <u>3/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, CALLE 340 HARBOR DRIVE KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLE, NELSON 400 ALTON ROAD # 804 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORREGO, CARLOS 1627 BRICKELL AVENUE APT#1506 MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 1627 BRICKELL AVE #1403 MIAMI FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 848 BRICKELL KEY DRIVE APT#2603 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 1627 BRICKELL AVE #1403 MIAMI FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 1627 BRICKELL AVE #1403 MIAMI FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 1627 BRICKELL AVE #1403 MIAMI FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 1627 BRICKELL AVE #1403 MIAMI FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 1627 BRICKELL AVE #1403 MIAMI FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Juan Trujillo (Managing Director)</u> DATE: <u>3/15/05</u> DAYTIME PHONE #: <u>305.379.4999</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20023708



03152005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUJILLO, JUAN JOSE
701 BRICKELL AVENUE SUITE 1480
MIAMI, FL 33131

Name JUAN JOSE TRUJILLO

Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVE

SUITE 1740

City MIAMI FL Zip Code 33131

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: Juan Trujillo (Managing Director) DATE: 3/15/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NELSON, CALLE
340 HARBOR DRIVE
KEY BISCAYNE, FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CALLE, NELSON
400 ALTON ROAD # 804
MIAMI BEACH FL 33139

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ORREGO, CARLOS
1627 BRICKELL AVENUE APT#1506
MIAMI, FL 33129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TRUJILLO, JUAN JOSE
1627 BRICKELL AVE #1403
MIAMI FL 33129

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TRUJILLO, JUAN JOSE
848 BRICKELL KEY DRIVE APT#2603
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TRUJILLO, JUAN JOSE
1627 BRICKELL AVE #1403
MIAMI FL 33129

☒ Change ☐ Addition

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SIGNATURE: Juan Trujillo (Managing Director) DATE: 3/15/05 DAYTIME PHONE #: 305.379.4999

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

Date

Daytime Phone #