

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90057 004 \*\*\*\*50.00

**DOCUMENT # L99000004441**



1. Entity Name  
D'ROOTS, L.L.C.

Principal Place of Business  
7037 W. HILLSBOROUGH AVE.  
TAMPA, FL 33634

Mailing Address  
7037 W. HILLSBOROUGH AVE.  
TAMPA, FL 33634

**DO NOT WRITE IN THIS SPACE**

07022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-0936174

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OSORIO, MARTHA L  
7037 W. HILLSBOROUGH AVE.  
TAMPA, FL 33634

**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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CARLOS FRANCISCO OSORIO  
7037 W. HILLSBOROUGH AVE.  
TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JORGE ENRIQUE OSORIO  
7037 W. HILLSBOROUGH AVE.  
TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARTHA LUCIA OSORIO REYES  
7037 W. HILLSBOROUGH AVE.  
TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

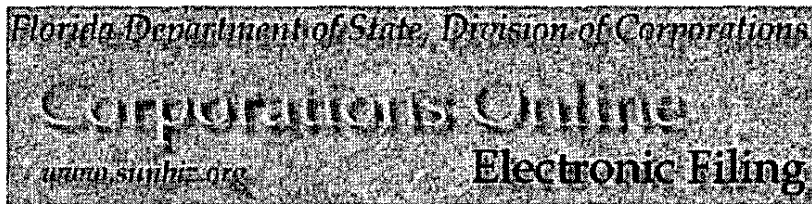
*Martha Osorio*

7/2/04

813-886-5661

Attachment

14025510



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