

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90100 034 \*\*\*\*50.00

**DOCUMENT # L99000006450**

1. Entity Name

ELIAS CURA, L.L.C.



Principal Place of Business

6006 N. 22ND STREET  
TAMPA FL 33610

Mailing Address

6006 N. 22ND STREET  
TAMPA FL 33610

14027003



MOORE

CR2E083 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0999305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CURA, ELIAS  
6006 N. 22ND STREET  
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete

NAME CURA, ELIAS  
STREET ADDRESS 6006 N. 22ND STREET  
CITY-ST-ZIP TAMPA FL 33610

TITLE MGR ☐ Delete

NAME CURA, ELIAS JOSE  
STREET ADDRESS 6006 N. 22ND STREET  
CITY-ST-ZIP TAMPA FL 33610

TITLE MGR ☐ Delete

NAME CURA, DANICET M  
STREET ADDRESS 2636 S. DUNDEE STREET  
CITY-ST-ZIP TAMPA FL 33629

TITLE MGR ☐ Delete

NAME CURA, MARCOS  
STREET ADDRESS 5002 W. DICKENS AVE  
CITY-ST-ZIP TAMPA FL 33629

TITLE MGR ☐ Delete

NAME CURA, DAVID  
STREET ADDRESS 5004 W. DICKENS AVE.  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

7-24-04 813-232-1401