

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90061 049 ****50.00

DOCUMENT # L99000006560

1. Entity Name
TRANS-EAT, LLC



Principal Place of Business
2417 N. MIAMI AVENUE
MIAMI, FL 32127

Mailing Address
2417 N. MIAMI AVENUE
MIAMI, FL 32127

24060298



DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0955236

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUILLEN, MONTERRAT
2417 N. MIAMI AVENUE
MIAMI, FL 32127

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUILLEN, MONTERRAT
2417 N. MIAMI AVENUE
MIAMI, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MIRALDA, ANTONI
2417 N. MIAMI AVENUE
MIAMI, FL 32127

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

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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)(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, OR AUTHORIZED REPRESENTATIVE

MONTERRAT GUILLEN

APRIL 27-04 305-5760406

Date

Daytime Phone #