

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90020 027 ****50.00

DOCUMENT # L99000008353

1. Entity Name
TECHNOFORD, LLC



Principal Place of Business
11900 BISCAYNE BLVD., SUITE 801
MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BLVD., SUITE 801
MIAMI, FL 33181

24052324



01142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0985980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMBROSIO, MICHAEL
11900 BISCAYNE BLVD #801
MIAMI, FL 33181

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CYTRYNBAUM, MARIO
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 802
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	MGRM
NAME	BURMAN, JAN
STREET ADDRESS	2545 HEMPSTEAD TURNPIKE #401
CITY-ST-ZIP	EAST MEADOWS, NY 11554
TITLE	MGRM
NAME	SIMKINS, LEON
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 801
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	manager
NAME	Michael Ambrosio
STREET ADDRESS	11900 Biscayne Blvd #801
CITY-ST-ZIP	N. Miami, FL 33181
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

Date

Daytime Phone #

Michael Ambrosio, manager

4-12-04 305-859-8184