2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED**

DOCUI 1. Entity Nam ALJEN 36	е		00002669				Secretary of State				
Principal Place	e of Business	3	Δ	Mailing Address	· · · Levicina as		· ·				,
3822 W. 12TH AVE. HIALEAH FL 33012  3822 W. 12TH AVE. HIALEAH FL 33012											
2. Principal Place of Business				3. Mailing Address			<u></u>	3			
Suite, Apt #, etc.				Suite, Apt. #, etc.			-	MOORE	CR2E083	(11/03)	
City & Stat	е			City & State			4. FEI Num	NO-T APF	LICABLE	<u> </u>	olied For Applicable
Zıp				Zip Country		itry		ate of Status Desired	~ F	55.00 Addi ee Required	
	6. Name	and Addres	s of Current Regi	istered Agent	· <u>·</u>	Name	7. Name a	nd Address of New	Registered A	gent	
CAYON, MAURICE											
3822 W. 12TH AVE. HIALEAH FL 33012						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	, <u></u>
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, typod or primed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE											
	Signature, Typeo	or primed name o	i registered agent and til			id Agent signature requ	<del></del>	page years on reaccompany, as 9 WHZ 1	DATE		
				Make Check Payab	le to Fi	FEE IS \$50.00 orida Departm ay 1, 2004	- ,				
9.	9. MANAGING MEMBERS/MANAGERS 10						<u></u>	ADDITION	S/CHANGES		. <u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON, N 3822 W. 1 HIALEAH	2TH AVE.		☐ Delete				U000000 _02/16/04_	051941	Change	Addition
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l indicated	d on this rend	art is true and	accurate and that	s filing does not qualify to t my signature shall have npowered to execute this	the sam	re legal effect as	if made under d	sath: that I am a ma	es. I further cert naging membe	ify that the in r or manage	nformation er of the