2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 24, 2004 8:00 am Secretary of State 08-24-2004 90047 018 ****55.00

DOCUMENT # M9400000007 1. Entity Name DUAMEX L.L.C., L.C.					08-24-2004 90047 018 ****55.00			
Principal Plac 3301 N.W. 9 MIAMI, FL 3	Mailing Address 3301 N.W. 97TH AVEL MIAMI, FL 33172	.W. 97TH AVENUE				₹Aoraa∺		
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	06302004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numb		. ———	oplied For ot Applicable
Zip	Country	Zip	Country	/	5. Certificate	of Status Desired	\$5.00 Add Fee Require	
5 Name and Address of Current Registered Agent				Name	7. Name an	Address of New R	egistered Agent	
WIRTH, THOMAS C					pet Address (P.O. Box Number is Not Accomptable)			
				City	:am!		FL 33	172
	named entity submits this statement for tions of registered agent.	r the purpose of changing it	s registered	offide or registe	ered agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE	Henri van der Signature, typed or printed name of registered agent a	oceq X	Te: Registered A	Agent lignature require	ed men reinstation)		08/07	104
Filing Fee is \$50.00 Due by September 8, 2004							e check payable to Department of Stat	ė
9.	MANAGING MEMBE		10.		<u></u> -	ADDITIONS/		
TITLE	MBR WIRTH, THOMAS C	MAS C TITI					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET	ADDRESS				
TITLE	MGRM		CITY-S		GRM _		Change	☐ Addition
NAME	VAN DER BORG, HENRI	L Daste	NAME	Ve	in dex 1	Bora . Hen	عن المانية	L Addition
STREET ADDRESS					301 NU) ata Ave	nue.	
TITLE	CHESHIRE, CT 06410	□ Patra	CITY-S		Miami	74 35	☐ Change	Addition
NAME	Delete		NAME	- (.)	igth T	homas -		Addition
STREET ADDRESS					301 20	GTT Ave		
CITY-ST-ZIP			CITY-S	<u></u>	liami L	FL 331		4 -1
NAME		☐ Delete	TITLE Name	M.	Lilling .	المراد الدراد	☐ Change	Addition 🚰
STREET ADDRESS			STREET	ADDRESS 5	301 NW	97th Avon	ue	
CITY-ST-ZIP	<u> </u>		CITY-S	T-ZIP N	N:ami	FL 331	72	
TITLE NAME		☐ Delete	TITLE		•		Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP		, e		
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-S					
11. I hereby indicated limited lia	certify that the information supplied with f on this report is true and accurate and ibility company or the receiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	or the exem e the same I s report as r	ption stated in S legal effect as if ecolled by Cha	section 119.07(3 made under oat pter 608, Florida)(i), Florida Statutes. h; that I am a manag Statutes.	further certify that the in ing member or manage	nformation er of the
1/ 1/ Ray W/								
SIGNATURE: Hank: 1. van der Borg x 08/01/04 308-593-1080								