## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000018063

1. Entity Name
GUTIERREZ & ASSOCIATES, P.L.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

601 BRICKELL KEY DR. SUITE 201 MIAMI, FL 33131 601 BRICKELL KEY DR. SUITE 201 MIAMI, FL 33131



## DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-0123627 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY J P.A. 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan- ions of registered agent	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating) DATE	
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	Hanasan ragge	
9.	MANAGING MEMBERS/MANAGERS	000000342885 05/29/08-80035-020 138.7	7C
HILE	MGR GUTIERREZ, RENALDY J P.A.	US/ 23/ US-8UUSS-UZU 188.1	.3
NAME STREET ADDRESS	601 BRICKELL KEY DR, STE 201		
CITY-ST-ZIP	MIAMI, FL 33131	į	
NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		l do not write	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Enely Orthier

Renaldy J. Gutierrez

4/28/2008

305-577-4500

SIGNATURE AND TYPED OR PRINT

AGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytene Phone #