

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010127

FILED
Apr 15, 2008
Secretary of State

Entity Name: AVILES FAMILY COMPANY, LLC

Current Principal Place of Business:

5555 COLLINS AVENUE
APARTMENT 15-B
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 558990
MIAMI, FL 33255 US

New Mailing Address:

FEI Number: 52-2440307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MARK M.D.
5555 COLLINS AVENUE
APARTMENT 15-B
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ, MERCEDES
Address: 5521 SOUTHWEST 147TH COURT
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: HERNANDEZ, MARK M.D.
Address: PO BOX 558990
City-St-Zip: MIAMI, FL 33255

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK HERNANDEZ

MGRM

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date