

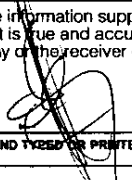


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90135 047 ****50.00

| | | | | | |
|--|-----------------------|--|--|---|--|
| DOCUMENT # L04000022785 | | | |  | |
| 1. Entity Name 491 INVESTMENTS, LLC | | | | | |
| Principal Place of Business 6500 COWPEN RD, #301 MIAMI LAKES, FL 33014 | | | Mailing Address 6500 COWPEN RD, #301 MIAMI LAKES, FL 33014 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KEIL, DANIEL M 6500 COWPEN RD, STE 301 HIALEAH, FL 33014 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL |
| 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  (NOTE: Registered Agent signature required when reinstating) | | | | | |
| DATE | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | | TITLE | MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, ALBERT O | | | NAME | Evelio Toledo |
| STREET ADDRESS | 6500 COWPEN RD, #301 | | | STREET ADDRESS | 6500 Cowpen Rd #305 |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 | | | CITY-ST-ZIP | MIAMI LAKES, FL 33014 |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
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| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | | 3/7/07 305-821 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |

20005928



02282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
57-1201309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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NAME GONZALEZ, ALBERT O
STREET ADDRESS 6500 COWPEN RD, #301
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE MGR ☒ Change ☐ Addition
NAME Evelio Toledo
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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #