


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000041347

1. Entity Name
MOLAS, LLC



Principal Place of Business Mailing Address

411 WREN AVENUE **411 WREN AVENUE**
MIAMI SPRINGS, FL 33166 US **MIAMI SPRINGS, FL 33166 US**

DO NOT WRITE IN THIS SPACE



02262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0547451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRIOS-BALBIN, LOUIS M
ONE S.E. THIRD AVENUE, SUITE 1700
MIAMI, FL 33131

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000843715
 03/12/08-80006-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALOM, ROY 411 WREN AVENUE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALOM, MIRTHA 411 WREN AVENUE MIAMI SPRINGS, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Roy Salom 02-26-08 305-546-1358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #