## 2006 LIMITED LIABILITY COMPANY

CITY-ST-7IP

## Aug 17, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000069752** 08-17-2006 90044 028 \*\*\*\*50.00 CORMA GROUP, LLC. Principal Place of Business Mailing Address 7963 NW 114 PL. 7963 NW 114 PL. DORAL, FL 3178 DORAL, FL 3178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252006 CR2E083 (11/05) Chg-LLC City & State City & State Applied For 4. FEI Number 20-3164990 Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA CORPORATE REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not 10773 No.) 58 ST 7963 NW 114 PL NRA) DORAL, FL. 33178 DORA City 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. Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to: Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ■ Addition Change | CORDOBA, MARIO NAME NAME 7963 NW 114 PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DORAL, FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE : ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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