


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000087012	
1. Entity Name LATAXQUENA, LLC	

Principal Place of Business 819 S PARK AVENUE APOPKA, FL 32703 US	Mailing Address 819 S PARK AVENUE APOPKA, FL 32703 US
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08012008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3414542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PROCOPIO, REFUGIO 41 W 7TH STREET APOPKA, FL 32703	DO NOT WRITE IN THIS SPACE
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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 _____
(Signature, typed or printed name of registrant agent and role if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

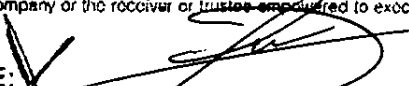
In accordance with s. 607.193(2)(b), F.S. the limited liability company did not receive the prior notice

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PROCOPIO, REFUGIO 41 W 7TH STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PROCOPIO, EUGENIA M 906 S PARK AVENUE APOPKA, FL 32703
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08/04/08-80005-020-138.75

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:  **Refugio Procopio** **8/1/08** **407-826-4826**

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