

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L05000094567

1. Entity Name
4-B WAREHOUSES, LLC



Principal Place of Business

10631 SW 88TH ST
SUITE 105
MIAMI, FL 33176

Mailing Address

10631 SW 88TH ST
SUITE 105
MIAMI, FL 33176



01242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4023241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMADA, ALBERT J
10631 SW 88TH ST
SUITE 105
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ARMADA, ALBERT J
STREET ADDRESS 10631 SW 88TH ST SUITE 105
CITY-ST-ZIP MIAMI, FL 33176

TITLE MGRM
NAME RUIZ, ALBERT R
STREET ADDRESS 10281 SW 72 STREET, SUITE 102
CITY-ST-ZIP MIAMI, FL 33172

TITLE MGRM
NAME RUIZ, JORGE
STREET ADDRESS 10281 SW 72 STREET, SUITE 102
CITY-ST-ZIP MIAMI, FL 33172

TITLE MGRM
NAME RUIZ, CARLOS
STREET ADDRESS 10281 SW 72 STREET, SUITE 102
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000009365431
04/07/08-80030-023 138.75

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IN THIS SPACE**

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: _____

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

3/11/08 305-266-3930

Date

Daytime Phone #