


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000108503
 1. Entity Name
 DE OLIVERIRA HOLDINGS, LLC



Principal Place of Business Mailing Address
 5884 NW 74TH STREET 6354 NW 93RD DR.
 PARKLAND, FL 33428 PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE



02182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3764756	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
 DE OLIVERIRA, ERLUCIO
 6354 NW 93RD DR.
 PARKLAND, FL 33067

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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 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE OLIVERIRA, ERLUCIO 6354 NW 93RD DR. PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE OLIVERIRA, DENISE 6354 NW 93RD DR. PARKLAND, FL 33067
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 05/29/08-80088-024 138.75

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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: Denise de Oliveira Denise de Oliveira 02/20/2008 (954) 420-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #