

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000074591	
1. Entity Name VELAZI, LLC	

Principal Place of Business 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131	Mailing Address 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5283648	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FIGUEROA, JUAN A 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131

**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 reappointing)	DATE _____
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**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	MGR MEMUN ZAGA, JOSE 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMUN, ELIAS I 1428 BRICKELL AVE SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMUN HANONO, JOSE 1428 BRICKELL AVENUE, MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMUN HANONO, SUSAN 1428 BRICKELL AVENUE, MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000954665
07/14/08-80010-001 138.75

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: <u>SUSAN HANONO</u>	Date: <u>7-11-08</u>	Daytime Phone: <u>305-448-8844</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		