


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000083397

1. Entity Name
SAN REMO 406 LLC



Principal Place of Business 214 ALMERIA AVENUE MIAMI, FL 33134 US	Mailing Address 214 ALMERIA AVENUE MIAMI, FL 33134 US
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2631476	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRAZANA, ALICIA M D.M.D.
 214 ALMERIA AVENUE
 CORAL GABLES, FL 33134**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

U000000789777
 01/23/08-80006-024 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRAZANA, ALICIA M D.M.D. 214 ALMERIA AVE MIAMI, FL 33134
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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: *Alicia Carrazana* **SAN REMO 406 LLC**

JANUARY 07, 2008.- (305) 361-2645

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

ALICIA M. CARRAZANA - MGRM