

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052767

Entity Name: ESPIRITU SANTO, LLC

FILED  
Jul 24, 2008  
Secretary of State

**Current Principal Place of Business:**

23623 SW 108 COURT  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

23623 SW 108 COURT  
HOMESTEAD, FL 33032

**New Mailing Address:**

FEI Number: 42-1730974      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHAVEZ, KARLA P  
23623 SW 108TH COURT  
HOMESTEAD, FL 33032      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CHAVEZ, KARLA P  
Address: 23623 SW 108TH COURT  
City-St-Zip: HOMESTEAD, FL 33032

Title: MGR      (X) Delete  
Name: PETRASEVICIUS, BORIS  
Address: 23623 SW 108TH COURT  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KARLA P CHAVEZ

MGR

07/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date