

**2008-LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**4 Jul 09, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90125 041 \*\*\*138.75

**30010225**



04202008 Chg-LLC CR2E083 (12/06)

**DOCUMENT # L07000084860**  
 1. Entity Name  
 3270 W. 70 STREET, LLC



Principal Place of Business  
 8835 SW 107 AVE, #142  
 MIAMI, FL 33176

Mailing Address  
 8835 SW 107 AVE, #142  
 MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

City & State  
 Zip

4. FEI Number  
 26-0788350

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, RAMON G  
 14762 N KENDALL DR UNIT 129  
 MIAMI, FL 33186

8835 S.W. 107 Ave  
 # 142  
 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENDOZA, RAMON G		NAME	
STREET ADDRESS 14762 N KENDALL DR UNIT 129	8835 S.W.	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33186	107 Ave #142 33176	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 registered officer empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ramon G. Mendoza Date: 7/24/08 Daytime Phone #: 786-316-3336