

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90064 027 ****50.00

DOCUMENT # L02000015207

1. Entity Name
SLIM LINE, L.L.C.



Principal Place of Business
**5930 NW 99 AVENUE
B-7
DORAL, FL 33178**

Mailing Address
**5930 NW 99 AVENUE
B-7
DORAL, FL 33178**

DO NOT WRITE IN THIS SPACE



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0700901

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PINTO, ANA MARIA
5930 NW 99 AVENUE
B-7
DORAL, FL 33178**

**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 reinstating)

01/11/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PINTO, ANA MARIA
5930 NW 99 AVENUE, UNIT B-7
DORAL, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VALLEJO, MAURICIO
5930 NW 99 AVENUE, UNIT B-7
DORAL, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/11/06 (305) 597 9898

Date

Daytime Phone #