

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027747

1. Entity Name
1943 L.L.C.



Principal Place of Business
**1506 S.W.W. 143 COURT
MIAMI, FL 33184**

Mailing Address
**1506 S.W.W. 143 COURT
MIAMI, FL 33184**



05082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1476883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVA, ALBERTO
1506 S.W.W. 143 COURT
MIAMI, FL 33184**

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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)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SILVA, ALBERTO
1506 S.W.W. 143 COURT
MIAMI, FL 33184**

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000000565926
05/23/06-80005-009 50.00

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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

**ALBERTO SILVA
MGRM**

5/08/06

Date

Daytime Phone # _____