2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2007 8:00 am Secretary of State

DOCUMENT # L04000082570 1. Entity Name PINAR INVESTMENTS LLC						,	02-02-2007	_		
Principal Plac 306 ALCAZA SUITE 302 CORAL GALE	R AVENUE		Mailing Address 306 ALCAZAR AVENUE SUITE 302 CORAL GALES, FL 33134			FEIII: BIBII BEIM BEVII I	18111 5 818 1 18418 11		700 : 70	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State		4. FEI Numbe 71-0975				pplied For ot Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired	CM	\$5.00 Add		
	6. Name	and Address of Current	Registered Agent	·		7. Name and	Address of New			
VEGA, ALI	BERT P				Name FR	ANK	SCHL		72	
306 ALCAZAR AVENUE SUITE 302					Street Address	Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES::FL 33134					169 1	E. F/4	gler S	Y. A	-1201	D
					City Mi	im		FL	Zip Cod	7/3/
8. The above the obligat	named entity tions of regist	y submits this statement for tered agent.	r the purpose of changing its	register	ed office or registe	ered agent, or both	n, in the State of I	Florida, I am	familiar with,	and accept
SIGNATURE .	Signal	of printed name of car Stered agent a	and title if applicable. (NOTI	S d	d Agent signature require	M. A.			6/02	*
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/ ` <u>F</u> I	iling Fee i	is \$50.00					Ma	ske check p	ayable to	
D	iling Fee i ue by May	y 1, 2007						ake check p da Departm		е
9.	ue by May	is \$50.00 y 1, 2007	<u></u> -	10.			· Flori		ent of State	
9. TITLE	MGRM	y 1, 2007 MANAGING MEMBE	RS/MANAGERS	TITLE	I		· Flori	da Departm	ent of State	Addition
9.	MGRM BAEZ, DA	y 1, 2007 MANAGING MEMBE	☐ Delete	TITLE	I		· Flori	da Departm	ent of State	
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11. Thereby certify that the information supplied with this filing does not quality 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:

SIGNATURE AND THE OF PRINTED HAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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