


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90309 005 ****50.00

DOCUMENT # L01000000896 1. Entity Name FINANCIERA GIRNEL, LLC			
Principal Place of Business 7392 NW 35 TERR STE 206 MIAMI, FL 33122		Mailing Address 7392 NW 35 TERR STE 206 MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 1608 SE 18th ST		3. Mailing Address 1608 SE 18th ST	
Suite, Apt. #, etc. 601		Suite, Apt. #, etc. 601	
City & State Miami, FL		City & State Miami, FL	
Zip 33131		Zip 33131	
Country 		Country 	
6. Name and Address of Current Registered Agent STEIN, JORGE 7392 NW 35 TERR STE 206 MIAMI, FL 33122			
7. Name and Address of New Registered Agent Name Jorge Stein Street Address (P.O. Box Number is Not Acceptable) 1608 SE 18th ST #601 City Miami FL Zip Code 33131			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, JORGE E 7392 NW 35 TERR STE 206 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, JORGE 7392 NW 35 TERR STE 206 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	

00014360



01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1068418** Applied For ☐ Not Applicable ☐

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