

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90111 035 ****50.00

60039466



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **06-1773333** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L06000024915
1. Entity Name
11000 RICHMOND DRIVE, LLC



Principal Place of Business
**15495 EAGLE NEST LANE SUITE 235
MIAMI LAKES, FL 33014**

Mailing Address
**15495 EAGLE NEST LANE SUITE 235
MIAMI LAKES, FL 33014**

2. Principal Place of Business - No P.O. Box #
6500 Cowpen Road
Suite, Apt. #, etc.
SUITE #102
City & State
MIAMI LAKES, FLORIDA
Zip
33014 Country
USA

3. Mailing Address
6500 Cowpen Road
Suite, Apt. #, etc.
SUITE #102
City & State
MIAMI LAKES, FLORIDA
Zip
33014 Country
USA

6. Name and Address of Current Registered Agent
**DIAZ, REYALDO
4960 S.W. 72ND AVENUE
SUITE 400
MIAMI, FL 33155**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6500 COWPEN ROAD
SUITE #102
City
MIAMI LAKES FL Zip Code
33014

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	MGRM DIAZ, REYNALDO 4960 S.W. 72ND AVENUE, SUITE 400 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6500 COWPEN ROAD, SUITE #102 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: **REYNALDO DIAZ** **4/19/07** **(305) 698-7100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #