


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000038304

1. Entity Name
MEGA, LLC



Principal Place of Business 15923 BISCAYNE BLVD. SUITE 212 NORTH MIAMI, FL 33160	Mailing Address 15923 BISCAYNE BLVD. SUITE 212 NORTH MIAMI, FL 33160
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 73-1682414	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PADRON, CARLOS E
 VILA, PADRON & DIAZ, P.A.
 2 ALHAMBRA PLAZA, STE. 860
 CORAL GABLES, FL 33134**

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, GUILLERMO 15923 BISCAYNE BLVD. NORTH MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, SUZANNE 15923 BISCAYNE BLVD. NORTH MIAMI, FL 33160
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 02/27/08-80005-001 138.75

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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 Date Daytime Phone #