

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 030 ***138.75

DOCUMENT # L05000009259 1. Entity Name 1 STOP INVESTMENTS L.L.C.					
Principal Place of Business 8801 NW 112 STREET HIALEAH, FL 33018			Mailing Address 8801 NW 112 STREET HIALEAH, FL 33018		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 74-3139146 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				02232008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GOMEZ, NELSON 8801 NW 112 STREET HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, NELSON 8801 NW 112 STREET HIALEAH, FL 33018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, MARILYN 8801 NW 112 STREET HIALEAH, FL 33018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, VICTOR G 7236 NW 31 STREET MIAMI, FL 33122	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, NELSON 8801 NW 112 STREET HIALEAH, FL 33018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, MARILYN 8801 NW 112 STREET HIALEAH, FL 33018	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, NELSON 8801 NW 112 STREET HIALEAH, FL 33018	☐ Delete			
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: <i>Nelson Gomez</i>			Date: 3-15-08 Daytime Phone #: (305) 302-5492		