

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Apr 16, 2008 8:00 am
Secretary of State

03-14-2008 90200 020 ***138.75

DOCUMENT # L07000111083

1. Entity Name
YOUR DREAM HOME MIAMI, LLC



Principal Place of Business
**511 W 36 PLACE
HIALEAH, FL 33012**

Mailing Address
**511 W 36 PLACE
HIALEAH, FL 33012**

30004023



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEJ Number

68-0660077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADRON, ALEXIS
511 W 36 PLACE
HIALEAH, FL 33012**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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 MGR ☐ Delete
NAME PADRON, ALEXIS
STREET ADDRESS 511 W 36 PLACE
CITY- ST- ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME PADRON, DIOSVANI F
STREET ADDRESS 1051 W 46 ST
CITY- ST- ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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 606, Florida Statutes.

SIGNATURE:

Alexis Padron

03/11/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #