

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000072276

1. Entity Name
QUINTERO FONT LLC



Principal Place of Business
**7685 S.W. 155TH STREET
MIAMI, FL 33157**

Mailing Address
**7685 S.W. 155TH STREET
MIAMI, FL 33157**



04232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5373173	Applied For ☐
	Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G
90 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

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

U000000926693
05/20/08-80076-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	QUINTERO, JESUS J
STREET ADDRESS	7685 S.W. 155TH STREET
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	MGRM
NAME	QUINTERO, DEMARIS
STREET ADDRESS	7685 S.W. 155TH STREET
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	MGRM
NAME	FONT, JAVIER
STREET ADDRESS	11100 S.W. 73RD COURT
CITY-ST-ZIP	PINECREST, FL 33156

TITLE	MGRM
NAME	FONT, MICHELLE Q
STREET ADDRESS	11100 S.W. 73RD COURT
CITY-ST-ZIP	PINECREST, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Demaris Quintero* **DEMARIS QUINTERO**
member **4/24/08** **3055426952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #