

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078637

Entity Name: FAMILY GROUP, LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

7310 CYPRESS GROVE RD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7310 CYPRESS GROVE RD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 26-0627786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ITURREGUI, NICOLAS
7310 CYPRESS GROVE RD
ORLANDO, FL 32819 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ITURREGUI, NICOLAS
Address: 7310 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: ALVAREZ DE ITURREGUI, ISABELITA
Address: 7310 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: ITURREGUI, ANA I
Address: 444 CAREY WAY
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICOLAS ITURREGUI

MGR

07/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date