


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90004 048 ****50.00

DOCUMENT # L00000001059 1. Entity Name DEL AMO & MELLADO, L.L.C.	
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Principal Place of Business 1800 WEST 49TH STREET, SUITE 105 HIALEAH, FL 33012	Mailing Address 1800 WEST 49TH STREET, SUITE 105 HIALEAH, FL 33012
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02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0975547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DEL AMO, CARLOS C 204 SEVILLA AVE., STE. 202 CORAL GABLES, FL 33134 DEL AMO CARLOS C 3211 PONCE DE LEON BLVD CORAL GABLES FL 33134
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**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)

2/13/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEL AMO, RAMIRO E DMD 1800 W. 49ST #105 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MELLADO, JOSE R D.M.D 1800 W. 49ST #105 HIALEAH, FL 33012
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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:

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

2/13/06
Date

Daytime Phone #