


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L0000001670**  
 1. Entity Name  
**PROYELEC INVESTMENTS LLC**



Principal Place of Business Mailing Address  
**1914 CEDAR COURT WESTON, FL 33327 US**      **1914 CEDAR COURT WESTON, FL 33327 US**

**DO NOT WRITE IN THIS SPACE**



01072007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>65-0983500</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HERNANDEZ, LUIS A**  
**1914 CEDAR COURT**  
**WESTON, FL 33327**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, LUIS A 1914 CEDAR COURT WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, MARTHA C 1914 CEDAR COURT WESTON, FL 33327
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 01/10/07-80078-013 50.00

**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:**       **01/08/07**      **954-3490351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #