

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000011934

1. Entity Name
LA PERDOMA, LLC



Principal Place of Business
201 SEVILLA AVE STE 202
CORAL GABLES, FL 33134 US

Mailing Address
PO BOX 141873
CORAL GABLES, FL 33114-1873 US



03022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0903182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., SUITE 310
CORAL GABLES, FL 33134

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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.

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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



9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ABRANTE, ALBERTO
STREET ADDRESS	201 SEVILLA SUITE 202
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	P
NAME	ABRANTE, SR., JOSE A
STREET ADDRESS	201 SEVILLA, STE 302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	ABRANTE, JR., JOSE A
STREET ADDRESS	201 SEVILLA, STE 302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80122-014 50.00

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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

Date

Daytime Phone #

Jose Abrante Sr 4-23-07 305-445-2650