


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 71-0903182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

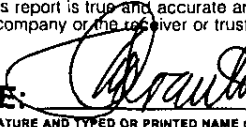
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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04/18/08-80033-019 138.75

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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:  4-4-2008 301-441-2650

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