


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90095 021 \*\*\*143.75

<b>DOCUMENT # L00000014168</b>	
1. Entity Name L & V ADVERTISING, L.L.C.	

Principal Place of Business 3841 N.E. 2ND AVE. SUITE 301-A MIAMI, FL 33137	Mailing Address 3841 N.E. 2ND AVE. SUITE 301-A MIAMI, FL 33137
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01222008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1061137	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

VELOSO, SALVADOR  
 3841 N.E. 2ND AVE.  
 SUITE 301-A  
 MIAMI, FL 33137

**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 \_\_\_\_\_ (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 VELOSO, SALVADOR 3841 N.E. 2ND AVE., SUITE 301-A MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VEGA, MARCO 3841 N.E. 2ND AVE., SUITE 301-A MIAMI, FL 33137
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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:** SALVADOR VELOSO 2/4/08 305-856-4567

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