

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90016 030 ****50.00

DOCUMENT # L01000002857

1. Entity Name
APRIL, LLC



Principal Place of Business
5650 NW 115 CT. #208
MIAMI, FL 33178

Mailing Address
5650 NW 115 CT. #208
MIAMI, FL 33178

20002109



01112007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1079814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAZZIOTTA, MELINDA B
15645 COLLINS AVE
SUITE 603
MIAMI, FL 33160

**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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MAZZIOTTA, MELBA B
5650 NW 115 CT. #208
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LOMENA, CARLOS R
5650 NW 115 CT. #208
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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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:

Carlos Lomena
CARLOS LOMENA

01/11/07 305-3108256

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

Date

Daytime Phone #