

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000002967

1. Entity Name
CALU, LLC



Principal Place of Business

**3131 NW 79 AVE
MIAMI, FL 33122**

Mailing Address

**3651 NW 79 AVE
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1090120

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAJIGAS, RICARDO E
3325 NW 79TH AVE.
MIAMI, FL 33122**

**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

Ricardo Cajigas

1/26/07

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAJIGAS, RICARDO
STREET ADDRESS	3325 NW 79TH AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	MGRM
NAME	LOLI CONSULTING
STREET ADDRESS	3131 NW 79 AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	MGRM
NAME	CAJIGAS, ALEIDA
STREET ADDRESS	3651 NW 79 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000739105
05/11/07-80055-010 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:

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

Ricardo Cajigas

Date

Daytime Phone #

1/26/07

305.599.9000