

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000004223

1. Entity Name  
CERVERA, L.L.C.



Principal Place of Business  
1492 S MIAMI AVE  
MIAMI, FL 33130

Mailing Address  
1492 S MIAMI AVE  
MIAMI, FL 33130



04182006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1097134

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GOLDSTEIN, RICHARD M ESQ  
GOLDSTEIN TANEN & TRENCH PA  
TWO S BISCAYNE BLVD SUITE 3250  
MIAMI, FL 33131

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CERVERA, ALICIA  
STREET ADDRESS 1236 ANASTASIA AVE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR  
NAME CERVERA, VERONICA  
STREET ADDRESS 3700 ALHAMBRA CT  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR  
NAME CERVERA, ALICIA E  
STREET ADDRESS 5510 RIVIERA DR  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000519582  
05/02/06-80060-013 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: MANAGER - ALICIA CERVERA

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

4-18-06

Date

305 374 3434

Daytime Phone #