

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90039 047 ****50.00

DOCUMENT # L01000009577

1. Entity Name
LARBRO L.C.



Principal Place of Business
**9737 NW 41ST STREET STE 118
STE 515
MIAMI, FL 33178**

Mailing Address
**901 PONCE DE LEON BLVD
STE 606
CORAL GABLES, FL 33134**

2. Principal Place of Business

3. Mailing Address

9737 NW 41st. ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 118

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33178

USA

03102006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-5859029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUCCHIA, MARIO
9737 NW 41ST STREET STE 118
MIAMI, FL 33178**

Name

LARICCHIA, MARIO

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **LARICCHIA, MARIO**
CITY-ST-ZIP **9737 NW 41ST STREET STE 118
MIAMI, FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **Laricchia, Isabel Maria**
CITY-ST-ZIP **9737 NW 41st St. Ste 118
Miami, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #