

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000010530

1. Entity Name

747 PONCE, LLC



Principal Place of Business

747 PONCE DE LEON BLVD., STE. 612
C/O SERGIO MACIA
CORAL GABLES FL 33134

Mailing Address

747 PONCE DE LEON BLVD., STE. 612
C/O SERGIO MACIA
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

Zip

Country

Zip

Country

4. FEI Number

22-3835500

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

QUESADA, FRANK ESQ
1313 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGR
MACIA, SERGIO
747 PONCE DE LEON BLVD #612
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
U000000632181
02/21/07-80011-021 50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGR
FIGUEROA, ELMER
747 PONCE DE LEON BLVD., STE. 612
MIAMI FL 33134 ☐ Delete

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

2/3/07

(305) 444-1771

Date

Daytime Phone #