

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

06 APR 28 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011327

1. Entity Name
NARBITEC, LLC



Principal Place of Business
2010 NW 84TH AVENUE
MIAMI, FL 33122

Mailing Address
2010 NW 84TH AVENUE
MIAMI, FL 33122



04182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1129779

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, CLAYTON E
201 SOUTH BISCAYNE BLVD.
SUITE 2000
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 re-stating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NAREA, JAIME
2010 NW 84TH AVENUE
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARCELO CLAURE, RAUL
2010 NW 84TH AVENUE
MIAMI, FL 33122

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

200074087662
05/08/06--01004--009 **50.00

**DO NOT WRITE
IN THIS SPACE**

4/28
Raul

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 606, Florida Statutes.

SIGNATURE:

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

Chair

Daytime Phone #

Raul M. Claure 4/26/06 305-421-6000