

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013368

1. Entity Name
CAYON, LLC



Principal Place of Business
**782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**

Mailing Address
**782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**



02212006No Chg-LLC

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1432469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**

**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**

1100000455888
03/16/06-80005-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERRAN, MANUEL A
782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERRAN, JOSE A
782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERRAN, ANA MARI
782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERRAN, EZEQUIEL
782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERRAN, ANTOLIN
782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

2/27/06 305 559-3781

Date

Daytime Phone #