

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90306 041 ***150.00

DOCUMENT # L01000014870

1. Entity Name
GINKGO BILOBA, LLC



Principal Place of Business
**% MIGUEL M. GONZALEZ, P.A.
525 N.W. 27TH AVENUE, STE. 105A
MIAMI, FL 33125**

Mailing Address
**% MIGUEL M. GONZALEZ, P.A.
525 N.W. 27TH AVENUE, STE. 105A
MIAMI, FL 33125**

DO NOT WRITE IN THIS SPACE



03032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-1146118

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIGUEL M. GONZALEZ, P.A.
525 N.W. 27TH AVENUE, SUITE 100A
MIAMI, FL 33125**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARDA, ALBERTO
525 N.W. 27TH STREET, SUITE 105A
MIAMI, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INFANZON, GRACIELA
525 N.W. 27TH STREET, SUITE 105A
MIAMI, FL 33125**

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

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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

Date

Daytime Phone #

4/11/2008 305-649-0030