## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L01000015138

Entity Name

**EQUITAUR ENTERPRISES, LLC** 



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

12273 SW 18TH TERRACE MIAMI, FL 33175 Mailing Address

12273 SW 18TH TERRACE MIAMI, FL 33175

01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1148691 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

JOYA, JORGE 12273 SW 18TH TERRACE MIAMI, FL 33175

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<ol><li>The above named entity submits this statem the obligations of registered agent.</li></ol>	nent for the pu	pose of changing its regis	stered office or registere	ed agent, or both, in the S	State of Fiorida. I a	m familiar with, and accept
SIGNATURE		•				

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 U000005946S1 01/23/07-80008-013 50.00

MANAGING MEMBERS/MANAGERS MGRM TITLE JOYA, JORGE MGR NAME 12273 SW 18TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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

1-16-07

305-227-6728

ate

Daytime Phone #