2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000018529

1. Entity Name
AKALE, LLC

Principal Place of Business	Mailing Address
6500 COWPEN RD STE 202 MIAMI LAKES, FL 33014	6500 COWPEN RD STE 202 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1149651	Not Applicable

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

6. Name and Address of Current Registered Agent

AGUIAR, OCASIO F
6500 COWPEN RD STE 202
MIAMI LAKES, FL 33014

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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

U000000920849
05/14/08-80052-001 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AGUIAR, OCASIO F
STREET ADDRESS	7600 W 20 AVE 101
CITY-ST-ZIP	HIALEAH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Ocasio Aguiar*   4/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #