## 2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

## **FILED** May 01, 2008 08:00 AN Secretary of State

	ANNUAL	REPORT	
DOCUMENT #	L01000021	115	

GONZALEZ & MONTEAGUDO, LLC



Principal Place of Business

Mailing Address

7205 NW 19TH STREET, STE 301 MIAMI, FL 33126

7205 NW 19TH STREET, STE 301 MIAMI, FL 33126



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 65-1155980 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 

Fee Required

6. Name and Address of Current Registered Agent

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

MONTEAGUDO, ISELA 7205 NW 19TH STREET, STE 301 MIAMI, FL 33126

SIGNATURE.

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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.	

(NDIE Registered Agent signature required when reinstating)

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

DATE 000000936332 05/27/08~80006-016 138.75

9.	MANAGING MEMBERS/MANAGERS .	A 1 M	<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTEAGUDO, ISELA 7205 NW 19TH STREET, STE 301 MIAMI, FL 33126	The first section of the section of			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, MANUEL A 7205 NW 19TH STREET, STE 301 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
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.

MEMBU SIGNATURE: 1/ SIGNATURE AND THEED OR PRINTED NAME OF SIGNING MANAGING MEMORY, OR AUTHORIZED REPRESENTATIVE