

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90226 012 \*\*\*138.75

**60013213**



02192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**04-3640070**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BAQUERO, NIDIA  
7385 NORTHWEST 73 STREET  
MEDLEY, FL 33166

**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	MGR
NAME	ALARCON, CARMEN L
STREET ADDRESS	7385 NORTHWEST 73 STREET
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	MGR
NAME	ALARCON, DAVID
STREET ADDRESS	7385 NORTHWEST 73 STREET
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	MGR
NAME	BUENAVENTURA, ALARCON
STREET ADDRESS	7385 NORTHWEST 73 STREET
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	MGR
NAME	BAQUERO, NIDIA
STREET ADDRESS	7385 NORTHWEST 73 STREET
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

03-03-08 305 887-5985

Date

Daytime Phone #