## 2008 LIMITED LIABILÍTY ĆOMPANY ANNUAL REPORT

**DOCUMENT # L02000005174** 

LA COVADONGA MANAGEMENT GROUP LLC



**FILED** Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business

820 SW 20TH AVE MIAMI, FL 33135

Mailing Address

PO BOX 558728 MIAMI, FL 33255



01152008 No Chg-LLC

CR2E083 (12/07)

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Applied For 4. FEI Number 75-3019440 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R ESQ. 1455 NW 14TH ST. MIAMI, FL 33125

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	pove named entity submits this statement for the purpose of chail ligations of registered agent.	nging its registered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept
SIGNATU	JRE	(NOTE: Registered Agent signature required when reinstating)	DATE
	ILE NOW!!! FEE IS \$138.75 May 1, 2008 Fee will be \$538.75		U00000821389 02/19/08-80022-016 143.75
9.	MANAGING MEMBERS/MANAGERS		14 11 11 11 11 11 11 11 11 11 11 11 11 1
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9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELGADO, GABRIEL A 820 SW 20TH AVE MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAZAR, NELSON 820 SW 20TH AVE MIAMI, FL 33135	51 17
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CTY-ST-ZIP		i :
TITLE		0.

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 it 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGINE MEMBER, OR AUTHORIZED REPRESENTATIVE