

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90048 032 ****50.00

DOCUMENT # L02000006743

1. Entity Name
DIETRICH-EXCCCEL, LLC



Principal Place of Business Mailing Address
~~6701 NW 7 STREET~~ **4515 NW 72 AVE** **255 ALHAMBRA CIRCLE**
~~SUITE 135~~ **MIAMI, FL** **SUITE 720**
~~MIAMI, FL 33126~~ **33166** **CORAL GABLES, FL 33134**

60010819



01112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
04-3618836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, ARMANDO
255 ALHAMBRA CIRCLE
SUITE 720
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SILVA, WALDYR
STREET ADDRESS 960 LAKEWOOD CT.
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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.

SIGNATURE:

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

Date

Daytime Phone #

01/22/07

305-468-0007

ATTACHMENT

60010819

#L02000006743

Filing Instructions

Form 2007-Corporation Annual Report

Name: DIETRICH-EXCEL, LLC

Remittance: Payment for \$50.00 Payable to Florida Department of State. Write the document number on the check (L02000006743)

Mail to: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Signature: The form should be signed and dated as well as telephone number

Due Date: Before April 30, 2007

Other: Please review if the address & the officers of the corporations are correct if not write the correct ones in the spaces indicated

Date: January 11 /2007