2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L02000006820

BRAVO CAPITAL OF FLORIDA, LLC



**FILED** Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

300 SEVILLA AVE., STE. 215 CORAL GABLES, FL 33134

Mailing Address

300 SEVILLA AVE., STE. 215 CORAL GABLES, FL 33134



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0477881

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NALL, DANIEL W CPA

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300 SEVILLA	
STE 215	in this space
MIAMI, FL 33134	
8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent	s registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	
	TE: Registered Agent signature required when ruinstating) DATE
Filing Fee is \$50.00	
Duo hu May 1 2007	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SABLOTSKY, STEVEN 13656 DEERING BAY DR CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	ΛΛ

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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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: X

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