

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008329

1. Entity Name
BUENAS NOTICIAS, LLC



Principal Place of Business
**ONE PURLIEU PLACE
SUITE 270
WINTER PARK, FL 32792**

Mailing Address
**PO BOX 721235
ORLANDO, FL 32872**



03282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1640386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, EDGARDO LUIS
6857 LONG NEEDLE CT
ORLANDO, FL 32822**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

UN00000310413
04/18/05 00003 022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPEZ, EDGARDO PO BOX 721145 ORLANDO, FL 32872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOPEZ, MARTA PO BOX 721145 ORLANDO, FL 32872
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

EDGARDO Luis Lopez 3/28/05 407-613-9210