2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL REPORT			¬ FILED	
DOCUMENT # L02000010494			<u> </u>	
LA FÁCTORIA, LLC			06 JAN 27 PM 1: 20	
1	84-10- Add	0 11	SECRETARY OF STATE TALLAHASSEE FLORIDA	a ER
Principal Place of Business 124 COLLINS AVE.	Mailing Address 7213 NW 12TH ST		TALLAHASSEE FLORIDA M. HOD	360
MIAMI BEACH, FL 33139	MIAMI, FL 33126			
			L HERRY RICHER WILLER WILL BEIN COME BOWN FOLDS WEN DEWN COME TOWN BEFORE HE	
2. Principal Place of Business 3. Mailing Address 12 4 Collins		1.0.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10-0	01232006 Chg-LLC CR2E083 (11/05)	7
City & State	City & Stota	1 -	4. FEI Number Applied Fo	<u>/</u>
City & State	Milami Bear	ch, Fi	01-0685909 Not Applie	
Zip Country	Zip 22124	Country	5. Certificate of Status Desired See Required 5.00 Additional	
6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent	
JALALI, HASSAN		Name St	even Polisar	Ì
7213 NW 12 ST.		Street Addres	(P.O. Box Number & Not Acceptable) # 2 A	
MIAMI, FL 33126		-10	Cinterne	
		City MI	m, Beach FL zigging	
The above named entity submits this gratement fithe obligations of registered agent.	or the purpose of changing its r		tered agent, or both, in the State of Florida. I am familiar with, and acc	cept
1/8/40	txoman			
SIGNATURE Signature, typerd or pented harne of registered agen	and title d'applicable. (NOTE:	Registered Agent signature requ	ired when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State	
9. MANAGING MEMB	EDC /MANUACEDO	10.	ADDITIONS/CHANGES	
TITLE D	Delete	TITLE C.O.	urrara, Sylvain Change Made	dition
NAME JALALI, HASSAN		NAME STREET ADDRESS	errara, Sylvain change Bade 4 Collins Ave.	
STREET ADDRESS 7213 NW 12TH ST CITY-ST-ZIP MIAMI, FL 33126		CITY-ST-ZIP	IAMI BEACH FL 33139	,
TITLE D	Delete	TITLE	☐ Change 🖼 Ado	dilion
NAME BENJELLOUN, HASSAN STREET ADDRESS 45 NE 87TH ST		NAME Street address	01/27/0601042020 ***Ino	
CITY-ST-ZIP EL PORTAL, FL 33136		CITY-ST-ZIP		1.00
TITLE .	☐ Delete	: TITLE NAME	☐ Change ☐ Ad	dition
STREET ADDRESS		STREET ADDRESS		
CITY-S1-ZP		CITY-ST-ZIP		
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CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Adi	dition
NAME		NAME	_ 5.2gu Nu	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
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NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		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.				
			11 2 2 2 2 2 2 2	
SIGNATURE:	T SIGNING MANAGING WEUDER	AGED OD ALITHODISES SESS	123/06 303 9425180	<u> </u>
SIGNATURE AND TYPED OR PRINTED MAME	or Digning MANAGING MEMBER, MAN	AGER, OK AUTHORIZED REPRI	ESERTATIVE * Date Daytime Phone #	