

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90313 025 ***138.75

DOCUMENT # L02000012408

1. Entity Name
VILLANUOVA LLC



Principal Place of Business

3363 NE 163 STREET
809
NORTH MIAMI BEACH, FL 33160 US

Mailing Address

3363 NE 163 STREET
809
NORTH MIAMI BEACH, FL 33160 US

60025902



04172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0014698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPS, ALAN
666 71ST STREET
MIAMI BEACH, FL 33141

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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEKERMANN, HECTOR
STREET ADDRESS	666 71ST STREET
CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	MGRM
NAME	GONI, JESUS
STREET ADDRESS	17050 N BAY RD
CITY - ST - ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

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: _____

LEKERMANN H

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

4-10-08

Date

786 274-1414

Daytime Phone #