

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000013241



1. Entity Name

LUCKY START AT BLUE WATERS, LLC

Principal Place of Business

12515 N. KENDALL DR., STE. 328
MIAMI FL 33186

Mailing Address

12515 N. KENDALL DR., STE. 328
MIAMI FL 33186



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3679454

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALESTENA, ANTONIO
12515 N. KENDALL DR., STE. 328
MIAMI FL 33186

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABAL INVESTMENTS CORPORATION 12515 N. KENDALL DR., STE. 328 MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERBEN INVESTMENTS, INC. 12515 N. KENDALL DR., STE. 328 MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENAMERICA TRADERS, INC. 832 CORAL WAY CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	U000000718510 05/01/07-80024-017 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

03/29/07

305 5780053

Daytime Phone #