

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000015483

1. Entity Name  
EL PASO, LLC



Principal Place of Business  
201 SEVILLA AVE  
SUITE #202  
CORAL GABLES, FL 33134 US

Mailing Address  
P.O. BOX 141873  
CORAL GABLES, FL 33114

**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1163439

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SANCHEZ-GALARRAGA, JORGE  
1313 PONCE DE LEON BLVD., STE 301  
CORAL GABLES, FL 33134

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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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ABRANTE, JOSE A SR
STREET ADDRESS	P.O. BOX 141873
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	MGR
NAME	ABRANTE, JR, JOSE A
STREET ADDRESS	P.O. BOX 141873
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ABRANTE, ALBERTO R
STREET ADDRESS	P.O. BOX 141873
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000738355  
05/11/07-80064-015 50.00

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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

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

Date

Daytime Phone #

Jose Abrante Sr. 4-23-07 305-445-2650