

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000021216

1. Entity Name
KIRA, LLC



Principal Place of Business

1625 NORTH COMMERCE PARKWAY #315
WESTON, FL 33326

Mailing Address

1625 NORTH COMMERCE PARKWAY #315
WESTON, FL 33326



03062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0479947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ILEANA ARIAS TOVAR, ESQ.
WESTON TOWN CENTER
1725 MAIN STREET, SUITE 205
WESTON, FL 33326

**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, 2007**

000000571756
03/28/07-80042-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MARTINEZ, CIRO
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP WESTON, FL 33326

TITLE MGR
NAME MARTINEZ, ROSA
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP WESTON, FL 33326

TITLE MGR
NAME ALBACETE, ALFONSO
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP WESTON, FL 33326

TITLE MGR
NAME ANZOLA, FRANCISCO
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP WESTON, FL 33326

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:

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

Date

Daytime Phone #

Alfonso Albacete

03/19/07

754-389-6661