

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000021349

1. Entity Name
CASABELLA NATIONAL STUDIO, LLC



Principal Place of Business

**16300 NE 19TH AVE
221
MIAMI, FL 33162**

Mailing Address

**16300 NE 19TH AVE
221
MIAMI, FL 33162**



01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1030979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARDENAS, SERGIO
1850 SOUTH OCEAN DRIVE
APT. 1110
HALLANDALE BEACH, FL 33009**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | MGR |
| NAME | CARDENAS, SERGIO |
| STREET ADDRESS | 16300 NE 19TH AVE STE 221 |
| CITY-ST-ZIP | N. MIAMI BEACH, FL 33162 |
| TITLE | MGR |
| NAME | CARDENAS, MARILIZA |
| STREET ADDRESS | 16300 NE 19TH AVE STE 221 |
| CITY-ST-ZIP | N. MIAMI BEACH, FL 33162 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000791076
01/23/08-80059-019 138.75

**DO NOT WRITE
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

1/19/08

Date

305-919-9320

Daytime Phone #