

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000022177 1. Entity Name FRANYIE INVESTMENT GROUP LLC	
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Principal Place of Business 10610 NW 27TH STREET MIAMI, FL 33172	Mailing Address 10610 NW 27TH STREET MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1054137	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRANYIE, LETICIA M 10618 NW 27 ST MIAMI, FL 33172

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANYIE, ANTONIO 10610 NW 27TH STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANYIE, LETICIA M 10610 NW 27TH STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANYIE, ANTONIO A 10610 NW 27TH STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANYIE, VIVIANA 10610 NW 27TH STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/07-80027-016 55.00

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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: *Leticia Franyie* 1/2/07 MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #