

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000026920	
1. Entity Name SEAGULL CHARLIE, LLC	

Principal Place of Business 17822 N.W. 81ST COURT MIAMI FL 33015	Mailing Address 17822 N.W. 81ST COURT MIAMI FL 33015
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)	
4. FEI Number 02-0651612	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JORGE H. RAMOS, P.A. 2250 S.W. 3RD AVE., 5TH FLOOR MIAMI FL 33129	
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7. Name and Address of New Registered Agent	
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.

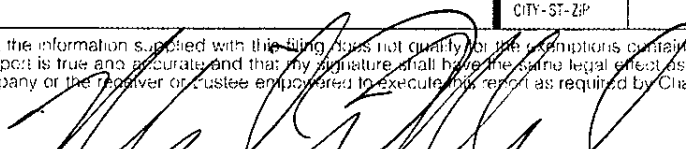
SIGNATURE _____ (Signature typed below name of registered agent and fee payor) (NOTE: Registered agent's signature is not required when changing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State.		000000950805 06/04/08-800006-011 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTA, OSVALDO 17822 N.W. 81ST COURT MIAMI FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTA, MIRTA 17822 N.W. 81ST COURT MIAMI FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDEZ, MELISA 17822 N.W. 81ST COURT MIAMI FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDEZ, MICHAEL R 17822 N.W. 81ST COURT MIAMI FL 33015 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Date: _____ Digitally Signed by: _____