


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000030252</b>	
1. Entity Name <b>BERMUDEZ HOLDINGS, L.L.C.</b>	

Principal Place of Business <b>20430 SW 53RD PLACE PEMBROKE PINES FL 33332</b>	Mailing Address <b>20430 SW 53RD PLACE PEMBROKE PINES FL 33332</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BERMUDEZ, BLANCA 20430 SW 53RD PLACE PEMBROKE PINES FL 33332</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

**U00000615824**  
**02/07/07-80003-015 50.00**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BERMUDEZ, BLANCA 20430 SW 53RD PLACE PEMBROKE PINES FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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:** Blanca Bermudez **2/1/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #