

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032800

FILED
Apr 30, 2008
Secretary of State

Entity Name: EURIBE AND SONS, L.L.C.

Current Principal Place of Business:

2419 SE 22ND PLACE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2419 SE 22ND PLACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 71-0918946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EURIBE, DIEGO
535 MARGARET COURT
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EURIBE, CESAR A
Address: 32319 KINNE PEARCE ROAD
City-St-Zip: LEESBURG, FL 34788

Title: MGRM () Delete
Name: EURIBE, DIEGO F
Address: 535 MARGARET COURT
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: EURIBE, EDUARDO
Address: 2419 SE 22ND PLACE
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: EURIBE, LUIS
Address: 2419 SE 22ND PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIEGO F EURIBE

MCRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date