2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 27, 2008 8:00 am
Secretary of State

07-29-2008 90034 018 ****66.25
08-27-2008 90029 004 ***472.50

DOCUMENT # L03000005295

1. Entity Name
PEPE BRONCE DANCE COMPANY, L.L.C.

Principal Place of Business
1767 W. 37 ST. STE. 16-18
HIALEAH, FL 33012

Mailing Address
1767 W. 37 St. STE. 16-18
HIALEAH, FL 33012

000467Z0

07152008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1767 W. 37 ST.	1767 W. 37 St.
Suite, Apt. #, etc.: 16-18	Suite, Apt. #, etc.: STE. 16-18
City & State: HIALEAH, FL	City & State: HIALEAH FL
Zip: 33012 Country: USA	Zip: 33012 Country: U.S.A.

4. FEI Number: 59-3707067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, OSVALDO
4215 W. 16TH AVENUE
HIALEAH, FL 33012

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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOPEZ, OSVALDO		NAME		
STREET ADDRESS	4215 W 16TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 7/24/08 7868530766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #