


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90286 007 ****55.00

DOCUMENT # L03000006274

1. Entity Name
LARR GROUP, LLC



Principal Place of Business 15500 NEW BARN ROAD SUITE 104 MIAMI LAKES, FL 33014	Mailing Address 15500 NEW BARN ROAD SUITE 104 MIAMI LAKES, FL 33014
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40118894



2. Principal Place of Business - No P.O. Box # 11767 So. DIXIE Highway	3. Mailing Address 11767 So. DIXIE Highway
Suite, Apt. #, etc. #136	Suite, Apt. #, etc. #136

05172007 Chg-LLC CR2E083 (12/06)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156	Country USA

4. FEI Number 05-0558139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERTRAN, RUBEN
11767 S. DIXIE HWY. #136
MIAMI, FL 33156

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 _____

Filing Fee Is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTRAN, RUBEN 11767 SO. DIXIE HWY #136 MIAMI, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLAR, LUIS 11767 SO. DIXIE HWY #136 MIAMI, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rubén Bertran - RUBEN BERTRAN **5/17/2007** **786. 295.9406**

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