

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006515

1. Entity Name
DON POLLO FL, LLC



Principal Place of Business
6340 SUNSET DR
MIAMI, FL 33143

Mailing Address
6340 SUNSET DR
MIAMI, FL 33143



DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0678161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDSTONE, RONADL R
201 ALHAMBRA CIR. #601
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FINOL, ANDRES A
STREET ADDRESS 2853 EXECUTIVE PARK DRIVE SUITE 202
CITY- ST- ZIP WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U000000533533
05/06/06-80127-011 50.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

AUTH. REP

3/8/06

Date

305.357.1001

Daytime Phone #