

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90356 029 \*\*\*\*55.00

**DOCUMENT # L03000010296**

1. Entity Name  
**FAMILY REST MANAGEMENT, LLC**



Principal Place of Business  
**182 WEST 9TH STREET  
HIALEAH, FL 33010**

Mailing Address  
**182 WEST 9TH STREET  
HIALEAH, FL 33010**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P.O. BOX 558728**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI FL**

Zip

Country

Zip  
**33255-8728**

Country  
**U.S.A**

04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**54-2104565**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELGADO, GABRIEL A  
182 WEST 9TH STREET  
HIALEAH, FL 33010**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
DELGADO, GABRIEL A  
182 WEST 9TH STREET  
HIALEAH, FL 33010** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
DELGADO, GABRIEL A  
P.O. BOX 558728  
MIAMI FL 33255-8728** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SALAZAR, NELSON  
182 WEST 9TH STREET  
HIALEAH, FL 33010** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SALAZAR, NELSON  
P.O. BOX 558728  
MIAMI FL 33255-8728** ☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4.17.07** (305) **251-2781**