

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90376 038 *****50.00

DOCUMENT # L03000012201

1. Entity Name
LA FLAGLER L.L.C.



Principal Place of Business
**210 DUVAL DRIVE
MIAMI SPRINGS, FL 33166 US**

Mailing Address
**210 DUVAL DRIVE
MIAMI SPRINGS, FL 33166 US**

20050012201



05112005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0730183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CALVO, JUAN A
210 DUVAL DRIVE
MIAMI SPRINGS, FL 33166**

**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.

JUAN A. CALVO / PRES.

(NOTE: Registered Agent signature required when reinstating)

05.18.05

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CALVO, JUAN A
210 DUVAL DRIVE
MIAMI SPRINGS, FL 33166**

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JUAN A. CALVO - PRES.

05.18.05

Date

305 527 8817

Daytime Phone #