

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90135 024 \*\*\*138.75

**DOCUMENT # L03000012893**

1. Entity Name  
4518 INVESTMENTS L.L.C.



Principal Place of Business

10520 NW 26 ST  
C201  
DORAL, FL 33172

Mailing Address

10520 NW 26 ST  
C201  
DORAL, FL 33172

**60010353**



**DO NOT WRITE IN THIS SPACE**

02112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
56-2347107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.  
10520 NW 26 ST  
C201  
DORAL, FL 33172

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SPAGNUOLO, LUIGI  
10520 NW 26TH ST SUITE C201  
DORAL, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SPAGNUOLO, AMALIA  
10520 NW 26TH ST SUITE C201  
DORAL, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

02/22/08 (305) 513 3639

Date

Daytime Phone #

Luigi Spagnuolo