

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014496

Entity Name: FAAS, LLC

FILED
Jun 18, 2007
Secretary of State

Current Principal Place of Business:

12270 SW 45 STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12270 SW 45 STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 16-1662645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEIZAGUIRRE, MARTHA E
12270 SW 45 STREET
MIAMI, FL 33175 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEIZAGUIRRE, MARTHA
Address: 12270 SW 45 STREET
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: DEIZAGUIRRE, FERNANDO A
Address: 12270 SW 45 STREET
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: PEREZ, PEDRO J
Address: 6040 SW 45 ST
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA E. DE IZAGUIRRE

MGR

06/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date