

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014500

Entity Name: FORZA, LLC

FILED  
May 03, 2007  
Secretary of State

**Current Principal Place of Business:**

8184 SW 163 CT  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

8184 SW 163 CT  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 06-1692409      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:**

GAY, JOHN L JR.  
JFG FINANCIAL SERVICES, LLC  
2351 NW 196TH ST  
MIAMI, FL 33056 US

**Name and Address of New Registered Agent:**

VENERIO, LUIS  
8184 SW 163 CT  
MIAMI, FL 33193 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: LUIS VENERIO

05/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VENERIO, ALINA S DIR.  
Address: 8184 S.W. 163 CT.  
City-St-Zip: MIAMI, FL 33193 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: VENERIO, LUIS  
Address: 8184 SW 163 CT  
City-St-Zip: MIAMI, FL 33193 US

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: ALINA VENERIO

MGR

05/03/2007

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