

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014807

FILED
Apr 30, 2008
Secretary of State

Entity Name: FIGUEREDO HOLDINGS, L.L.C.

Current Principal Place of Business:

15320 CASEY RD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

15320 CASEY RD
TAMPA, FL 33624

New Mailing Address:

FEI Number: 11-3687057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, ANDREW ESQ
CUEVAS & ORTIZ, P.A.
526 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CUEVAS, ANDREW ESQ
CUEVAS & ORTIZ, P.A.
15320 CASEY RD
TAMPA, FL 33624 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIGUEREDO, SUSANA
Address: 15320 CASEY RD
City-St-Zip: TAMPA, FL 33624

Title: MGRM () Delete
Name: FIGUEREDO, ALFONSO
Address: 15320 CASEY RD
City-St-Zip: TAMPA, FL 33624

Title: MGRM () Delete
Name: FIGUEREDO, JUAN CARLOS
Address: 15320 CASEY RD
City-St-Zip: TAMPA, FL 33624

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: JUAN FIGUEREDO

MGRM

04/30/2008

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