

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015273

1. Entity Name
IMPACT VIEW LLC



Principal Place of Business
671 W. 18 STREET
HIALEAH, FL 33010 US

Mailing Address
671 W. 18 STREET
HIALEAH, FL 33010 US

2. Principal Place of Business

8130 NW 74th AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FL.

City & State

Zip

Country

33166

USA

Zip

Country

04062006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBISON, JAMES S
671 W. 18TH STREET
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME VALLADARES, MANUEL
STREET ADDRESS 676 W. 18 STREET
CITY-ST-ZIP HIALEAH, FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME 8130 NW 74th AVE ☒ Change ☐ Addition
STREET ADDRESS MEDLEY, FL. 33166
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: MANUEL VALLADARES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/06

Date

305-889-2646 EXT 103

Daytime Phone #

APPROVED
AND
FILED

06 APR 14 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSK

