

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000016849

1. Entity Name

WILD VINES INVESTMENT GROUP, L.L.C.



Principal Place of Business

**8763 SW 24TH ST.
MIAMI FL 33165**

Mailing Address

**8763 SW 24TH ST.
MIAMI FL 33165**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSADO, JULIO C
8763 SW 24TH ST.
MIAMI FL 33165**

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
ROSADO, JULIO C
14351 SW 184 AVE
MIAMI FL 33196**

☐ Change ☐ Addition
**U00000622484
02/13/07-80027-019 50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
ROSADO, JORGE A
3371 W. 73 TERR
HIALEAH FL 33018**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
TIO, MARTHA
3371 W 73 TERR
HIALEAH FL 33018**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Martha Tio MGRM.

1/27/07.