

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017726

Entity Name: DEGOL LLC

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

19380 COLLINS AVENUE, #526
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

19380 COLLINS AVENUE, #526
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 20-0417633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: GOMEZ, HUMBERTO
Address: 19380 COLLINS AVENUE, #526
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: GOMEZ, GLADYS
Address: 19380 COLLINS AVENUE, #526
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOMEZ, HUMBERTO
Address: CAR. 53, NO. 82-253, APT. 8-A
City-St-Zip: BARRANQUILLA, COLOMBIA, XX XX XX

Title: MGR (X) Change () Addition
Name: GOMEZ, GLADYS
Address: CAR. 53, NO. 82-253, APT. 8-A
City-St-Zip: BARRANQUILLA, COLOMBIA, XX XX XX

I hereby certify that the information supplied with this filing does not qualify for the 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: HUMBERTO GOMEZ

MGR

04/02/2007

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