


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90365 001 ****55.00

DOCUMENT # L03000018367			
1. Entity Name ALA'S VENTURES, LLC			
Principal Place of Business 4479 BLOSSOM LN WESTON, FL 33331		Mailing Address 4479 BLOSSOM LN WESTON, FL 33331	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7105 SW 8 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 306	
City & State		City & State MIAMI, FLORIDA	
Zip	Country	Zip	Country
33144		33144	FLORIDA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AYALA, LUISNA ARIAS M 4479 BLOSSOM LN WESTON, FL 33331		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYALA, LUIS M 4479 BLOSSOM LN WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, EDDYEDO A 4479 BLOSSOM LN WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		CA. 27.07 (305) 2263443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

40113050



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 27-0058406 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required