

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000019515**

1. Entity Name  
GILUFA, LLC



Principal Place of Business  
15533 SW 115 ST  
MIAMI, FL 33196

Mailing Address  
15533 SW 115 ST  
MIAMI, FL 33196

**DO NOT WRITE IN THIS SPACE**



04102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
61-1450719

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAMIREZ, GIL  
15533 SW 115 ST  
MIAMI, FL 33196

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000895237  
04/24/08-90060-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RAMIREZ, GIL
STREET ADDRESS	15533 SW 115 ST
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	MGR
NAME	GOMEZ, FABIO
STREET ADDRESS	15533 SW 115 ST
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

4-10-08

Date

Daytime Phone #