

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90036 042 \*\*\*138.75

**60039059**



04232008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000023235</b>					
1. Entity Name SUAREZ HOLDINGS GROUP, LLC					
Principal Place of Business 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173			Mailing Address 139 NE 1ST PH-1 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>139 NE 1 STREET</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-2208883	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SUAREZ, JESUS 139 NE 1ST STREET PH-1 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ, JUAN 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	<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	MGRM SUAREZ, MANUEL 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	<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	MGRM SUAREZ, JESUS <del>10000 SW 83 AVE</del> MIAMI, FL 33189	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>139 NE 1 STREET #PH-1 MIAMI FL 33132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ, EUGENIA 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Manuel Suarez</i> MANUEL SUAREZ			Date <b>4-30-08</b>		Daytime Phone # <b>305-461-2000</b>