

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023453

Entity Name: LIZEL RENGIFO L.L.C.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

11322 NW 33 RD STREET
SUNRISE, FL 33323

New Principal Place of Business:

10461 MAJESTIC TRAIL
PARKLAND, FL 33076

Current Mailing Address:

11322 NW 33RD STREET
SUNRISE, FL 33323

New Mailing Address:

10461 MAJESTIC TRAIL
PARKLAND, FL 33076

FEI Number: 56-2387729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENGIFO, LIZEL M
11322 NW 33RD STREET
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

RENGIFO, LIZEL M
10461 MAJESTIC TRAIL
PARKLAND, FL 33076 US

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: LIZEL RENGIFO

02/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: RENGIFO, LIZEL M
Address: 11322 NW 33RD STREET
City-St-Zip: SUNRISE, FL 33323 US

Title: VP () Delete
Name: RENGIFO, JUAN C
Address: 11322 NW 33RD STREET
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: RENGIFO, LIZEL M
Address: 10461 MAJESTIC TRAIL
City-St-Zip: PARKLAND, FL 33076 US

Title: VP (X) Change () Addition
Name: RENGIFO, JUAN C
Address: 10461 MAJESTIC TRAIL
City-St-Zip: PARKLAND, FL 33076 US

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: LIZEL RENGIFO

CEO

02/07/2007

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