

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L03000024551

1. Entity Name
IT PROJECTS LLC



Principal Place of Business
362 BRIDGETON ROAD
WESTON, FL 33326

Mailing Address
362 BRIDGETON ROAD
WESTON, FL 33326



04052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3695978

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, JORGE
362 BRIDGETON ROAD
WESTON, FL 33326

**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 reinstating)

DATE _____

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

U00000888839
04/22/08-80024-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RAMIREZ, JORGE
STREET ADDRESS 362 BRIDGETON ROAD
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM
NAME RAMIREZ, LUIS
STREET ADDRESS 362 BRIDGETON ROAD
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM
NAME GONZALEZ, ERNESTO
STREET ADDRESS 362 BRIDGETON ROAD
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM
NAME GONZALEZ, JOSE
STREET ADDRESS 362 BRIDGETON ROAD
CITY-ST-ZIP WESTON, FL 33326

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

Date

Daytime Phone #

4-7-08

305.2334722