

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000024648

1. Entity Name
BIS LLC



Principal Place of Business
**7329 MONACO STREET
CORAL GABLES, FL 33143**

Mailing Address
**7329 MONACO STREET
CORAL GABLES, FL 33143**



04032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1682117

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEL PILAR ANTORCHA, MARIA
7329 MONACO STREET
CORAL GABLES, FL 33143**

**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**

U000000901199
04/29/08-80057-015-138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARIA DEL PILAR ANTORCHA
7329 MONACO STREET
CORAL GABLES, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANTORCHA, GUSTAVO E
550 TWIN SPRINGS
ATLANTA, GA 30327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANTORCHA, ADRIANA R
550 TWIN SPRINGS
ATLANTA, GA 30327**

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

Date

Daytime Phone #

4/12/08 305 6098723