

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90026 041 ***138.75

DOCUMENT # L03000025907

1. Entity Name
WAY PACK, LLCPrincipal Place of Business
4340 SHERIDAN ST., SECOND FLOOR
HOLLYWOOD, FL 33021Mailing Address
4340 SHERIDAN ST., SECOND FLOOR
HOLLYWOOD, FL 33021

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-LLC CR2E063 (12/08)

City & State

City & State

4. FEI Number
41-2115856Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLEONART, LUIS
782 NW 42ND AVE. #430
MIAMI, FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and their residence

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MGR	KUSCHNIR, DIEGO	ESPAÑA 744 - 51602BBN	BUENOS AIRES ARGENTINA 1936.	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	CITY-ST-ZIP	☐	☐
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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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE

DIEGO L. KUSCHNIR

Diego Kuschnir

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

CAPTION PHONE #