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May 03, 2007 8:00 am
Secretary of State
05-03-2007 90257 038 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026784

1. Entity Name
MISTI, LLC

Principal Place of Business	Mailing Address
3611 S. TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	3611 S. TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

60048063

03282007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0520919
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAMAYO, NUMA
3611 S. TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	TAMAYO, NUMAR DR.
STREET ADDRESS	3611 S. TAMIAMI TRAILL #A
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	P
NAME	MADERA, ARELIS
STREET ADDRESS	3811 S. TAMIAMI TRAILL #B
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: _____ 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #