

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90221 032 \*\*\*138.95

**DOCUMENT # L03000029688**

1. Entity Name  
**TUCUMAN, LLC**



Principal Place of Business  
**4430 NW 79 AVE  
MIAMI, FL 33166**

Mailing Address  
**4430 NW 79 AVE  
MIAMI, FL 33166**

**60022319**

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

**10104 NW 41 ST**

3. Mailing Address

**10104 NW 41 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03042008 Chg-LLC CR2E083 (12/06)

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number  
**56-2408237**

Applied For  
☐ Not Applicable

Zip

**33178**

Country

Zip

**33178**

Country

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

6. Name and Address of Current Registered Agent

**HEREDIA, JOSE A  
4300 NW 79 AVE 1A  
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name **Heredia, Jose A.**

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

**10104 NW 41 ST**

City

**Miami**

FL

Zip Code

**33178**

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)*

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **HEREDIA, JOSE A**  
STREET ADDRESS **4430 NW 79 AVE 1A**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Manager** ☒ Change ☐ Addition  
NAME **Heredia, Jose A.**  
STREET ADDRESS **10104 NW 41 ST**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #