

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90007 001 ***138.75

DOCUMENT # L03000042521

1. Entity Name
MAGENTA, L.L.C.



60039681

Principal Place of Business
**6501 COWPEN RD
SUITE D207
MIAMI LAKES, FL 33014**

Mailing Address
**6501 COWPEN RD
SUITE D207
MIAMI LAKES, FL 33014**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0466269

Applied For
Not Applicable

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

**LUIS, JUAN C
6501 COWPEN RD
APT D207
MIAMI LAKES, FL 33014**

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 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
LUIS, JUAN C
17570 ATLANTIC BLVD BLDG 4 APT 105
SUNNY ISLES, FL 33160**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
LUIS, JUAN C
6501 Cowpen Rd. Apt # D207
MIAMI LAKES FLORIDA 33014**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
BIGO, SUSANA A
17570 ATLANTIC BLVD BLDG 4 APT 105
SUNNY ISLES, FL 33160**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
BIGO, SUSANA A.
6501 Cowpen Rd. Apt # D207
MIAMI LAKES FLORIDA 33014**

☒ Change ☐ Addition

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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 608, Florida Statutes.

SIGNATURE:

SUSANA A. BIGO

04/30/08 786 877 6210

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

Date

Daytime Phone #