


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 021 ****50.00

DOCUMENT # L03000043041 1. Entity Name NOEL R. PUIG, L.L.C.	
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Principal Place of Business 782 N.W. LEJEUNE ROAD 428 MIAMI, FL 33126-5549 US	Mailing Address 782 N.W. LEJEUNE ROAD MIAMI, FL 33126-5549 US
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0401865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PUIG, NOEL R 3351 S.W. 129TH AVENUE MIAMI, FL 33175
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUIG, NOEL R 3351 S.W. 129TH AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PUIG, NOEL R II 3351 S.W. 129TH AVENUE MIAMI, FL 33175
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**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: Noel R. Puig Noel R. Puig MANAGER 4/30/07 (305)442-8023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #