

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90026 001 ***138.75

60038535



04292008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000043041					
1. Entity Name NOEL R. PUIG, L.L.C.					
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		
2. Principal Place of Business - No P.O. Box # 777 N.W. 72 AVE Suite, Apt. #, etc. 3033		3. Mailing Address 777 N.W. 72 AVE. Suite, Apt. #, etc. 3033			
City & State Miami, FLA.		City & State Miami, FLA.		4. FEI Number 20-0401865	
Zip 33126		Country U.S.A.		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			7. Name and Address of New Registered Agent 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 _____ (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	MGR PUIG, NOEL R 3351 S.W. 129TH AVENUE MIAMI, FL 33175			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PUIG, NOEL R II 3351 S.W. 129TH AVENUE MIAMI, FL 33175			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
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: <u>Noel R. Puig</u> NOEL R. PUIG, MANAGER 4/29/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date Daytime Phone #</small>					