

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L03000045439

1. Entity Name
AMURRIO COMPANY, LLC



Principal Place of Business
110 SOUTH B STREET
SUITE 3
LAKE WORTH, FL 33460 US

Mailing Address
110 SOUTH B STREET
SUITE 3
LAKE WORTH, FL 33460 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0404494

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

SATGURO, DANTEL
4385 RACHACT WAY
WEST PALM BEACH, FL 33406

Name Ramiro Alejandro Rojas
Street Address (P.O. Box Number is Not Acceptable)
110 South B St # 3
City Lake Worth FL Zip Code 33460

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]

Alexander Rojas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS SALGURO, DANTEL
CITY-ST-ZIP 4385 RACHEL WAY
WEST PALM BEACH, FL 33406

TITLE NAME Ramiro Alejandro Rojas
STREET ADDRESS 110 South B St # 3
CITY-ST-ZIP Lake Worth FL 33460

TITLE NAME Silvia Amurrio B.
STREET ADDRESS 110 South B St # 3
CITY-ST-ZIP Lake Worth FL 33460

TITLE NAME 3000 B 465083
STREET ADDRESS 08/08/06--01022--004 **55.00
CITY-ST-ZIP

TITLE NAME Severino Amurrio B.
STREET ADDRESS 110 South B St # 3
CITY-ST-ZIP Lake Worth FL 33460

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/31/06 561(3517510)

Date

Daytime Phone #