

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90189 005 ****50.00

DOCUMENT # L03000048675

1. Entity Name

YGLESIAS MARBLE LLC



Principal Place of Business

1833 FERN ROAD, SUITE 2
PLANTATION FL 33317

Mailing Address

1833 FERN ROAD, SUITE 2
PLANTATION FL 33317

2. Principal Place of Business

4430 SW 22 CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip
33317

Country
USA

Zip

Country

4. FEI Number

20-0447339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YGLESIAS, WILFREDO
1833 FERN ROAD, SUITE 2
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name Yglesias, Wilfredo

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

4430 SW 22nd CT

City FL Land

FL

Zip Code 33317

8. The above named entry 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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-16-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME YGLESIAS, WIFREDO
STREET ADDRESS 1833 FERN ROAD, SUITE 2
CITY-ST-ZIP PLANTATION FL 33317

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 4430 SW 22CT
CITY-ST-ZIP FL Land. FL. 33317

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

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

TITLE ☐ Change ☐ Addition
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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 Section 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 TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-16-06 934-5872757