

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000002701**

**1. Entity Name**  
**ESPINOSA-EPPSTEIN & ASSOCIATES, LLC**



**Principal Place of Business**  
**11 SIDONIA AVENUE**  
**1**  
**CORAL GABLES, FL 33134 US**

**Mailing Address**  
**P.O. BOX 454242**  
**MIAMI, FL 33245 US**



01072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3778198**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ESPINOSA-EPPSTEIN, ERICK A**  
**11 SIDONIA AVENUE**  
**1**  
**MIAMI, FL 33134**

**DO NOT WRITE  
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**

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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>ESPINOSA-EPPSTEIN, ERICK A</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 454342</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33245</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>	

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01/11/07-80056-004 50.00

**DO NOT WRITE  
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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:**

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

**1/8/07**  
Date

**305-444-0554**  
Daytime Phone #