

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90046 011 \*\*\*138.75

**DOCUMENT # L04000007174**

1. Entity Name  
**MANAGEMENT & INVESTMENT, L.L.C.**



Principal Place of Business  
**13876 SW 56 ST  
SUITE 246  
MIAMI, FL 33175**

Mailing Address  
**13876 SW 56 ST  
SUITE 246  
MIAMI, FL 33175**

00001000



2. Principal Place of Business - No P.O. Box #  
**13876 SW 56 ST**

3. Mailing Address  
**SAME.**

Suite, Apt. #, etc.  
**# 246**

Suite, Apt. #, etc.

01102008 Chg-LLC CR2E083 (12/06)

City & State  
**Miami, FL**

City & State

4. FEI Number  
**20-0652961**

Applied For  
Not Applicable

Zip  
**33175**

Country  
**USA.**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of Now Registered Agent

**YERO, ARTURO  
ARTURO YERO PA  
5805 BLUE LAGOON DR, SUITE 280  
MIAMI, FL 33126**

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

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

(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  
**MM  
RAMALLO, MAIDA  
13741 SW 30 ST  
MIAMI, FL 33175** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/9/08 (786) 537-9893**