

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90085 040 ***143.75

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Entity Name

FERNANDEZ ENTERPRISES L.L.C.



Principal Place of Business

6861 S.W. 136 ST
PINECREST, FL 33156

Mailing Address

6861 S.W. 136 ST
PINECREST, FL 33156

60003785



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0695973

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL I
6861 S.W. 136 ST
PINECREST, FL 33156

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FERNANDEZ, MANUEL I
STREET ADDRESS	6861 S.W. 136 ST
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	MGR
NAME	FERNANDEZ, MAGALY P
STREET ADDRESS	6861 S.W. 136 ST
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	MGR
NAME	FERNANDEZ, MARCEL
STREET ADDRESS	6861 S.W. 136 ST
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

01/08/08

786 242-1743

Date

Daytime Phone #