FILED
Feb 19, 2007 8:00 am
Secretary of State
01-29-2007 90140 032 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015244

1. Entity Name
PRESTO SEAFOOD, LLC

Principal Place of Business	Mailing Address
2800 GLADES CIRCLE SUITE 104 MIAMI, FL 33327	2800 GLADES CIRCLE SUITE 104 MIAMI, FL 33327

30000892

01172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
10540 NW. 26 Street		10540 N.W. 26 Street	
Suite, Apt. #, etc.: Suite G-101		Suite, Apt. #, etc.: Suite G-101	
City & State: Dorac, FL.		City & State: Doral FL.	
Zip: 33172-2162	Country: USA	Zip: 33172-2162	Country: USA

4. FEI Number: 20-1284277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ERNESTO SANCHEZ P.A.
815 PONCE DE LEON BOULEVARD, SUITE P-306
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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] 01-24-07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUZARDO, LUIS VALMORE 2800 GLADES CIRCLE, SUITE 104 WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10540 NW 26 Street, Suite G-101 Doral FL. 33172-2162	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: x [signature] 02-15-07 3055979100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #