

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90301 050 ****50.00

DOCUMENT # L04000016419

1. Entity Name
VEGA RANCHES LLC



Principal Place of Business

**6200 N.W. 84 AVENUE
MIAMI, FL 33166**

Mailing Address

**PO BOX 660494
MIAMI, FL 33266**

DO NOT WRITE IN THIS SPACE



03162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1132770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE, SECOND FLOOR
CORAL GABLES, FL 33134**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P/T
NAME	VEGA, SALVADOR
STREET ADDRESS	467 EAST 9TH ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	S
NAME	CIRD, VEGA <i>VEGA</i>
STREET ADDRESS	231 DEER RUN
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

P/T

Date

Daytime Phone #

Salvador Vega **SALVADOR VEGA** **3-17-06** **305-888-2893**