

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019561

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** DEL VALLE FAMILY MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

12940 SOUTHWEST 63RD AVENUE  
PINECREST, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

12940 SOUTHWEST 63RD AVENUE  
PINECREST, FL 33156 US

**New Mailing Address:**

**FEI Number:** 81-0647007      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DEL VALLE, FELIPE A M.D.  
12940 SOUTHWEST 63RD AVENUE  
PINECREST, FL 33156 US

**Name and Address of New Registered Agent:**

PORRELLO, JOSEPH A ESQ.  
2929 SW 3RD AVENUE  
SUITE 320  
MIAMI, FL 33129 US

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.

SIGNATURE: JOSEPH A. PORRELLO, ESQ.

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEL VALLE, ROXANNA  
Address: 12940 SOUTHWEST 63RD AVENUE  
City-St-Zip: PINECREST, FL 33156 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROXANA DEL VALLE

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date