LIMITED LIABILITY COMPANY ANNUAL REPORT

7/

07-17-2008 90016 029 ****55.00
08-07-2008 90009 027 ****83.25
L04000020504

FILED
08 AUG 18 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000020504

1. Entity Name
Almanza & Associates LLC.

DO NOT WRITE IN THIS SPACE

CR2E083B (12/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1323 W Lambright St	1323 W Lambright St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33604 Country: Hillsborough	Zip: 33604 Country: Hillsborough

4. FEI Number — Applied For / X Not Applicable

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

6. **DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: Osmany Almanza
Street Address (P.O. Box Number is Not Acceptable): 1323 W. Lambright ST
City: Tampa FL Zip Code: 33604

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: _____ DATE: 7-12-08
Signature, typed or printed name of registered agent and title if applicable

January 1 - May 1 Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10.

TITLE	MGRM
NAME	
STREET AD	NAME: ALMANZA, OSMANY
CITY-ST-Z	1323 W LAMBRIGHT ST
	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 7-12-08 (813)236-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #