2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000021407

1. Entity Name
CANGRO, LLC

Principal Place of Business	Mailing Address
C/O LISA CANNON 17400 SW 180TH AVENUE MIAMI, FL 33173	C/O LISA CANNON 17400 SW 180TH AVENUE MIAMI, FL 33173

01042006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURK, HAROLD J ESQ.
1428 BRICKELL AVE., SUITE 206
MIAMI, FL 33131

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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

H06000044543 1
03/07/06-80045-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GROSS, GARY
STREET ADDRESS	P.O. BOX 330106
CITY-ST-ZIP	MIAMI, FL 332330106
TITLE	MGRM
NAME	GROSS, LOUISE
STREET ADDRESS	P.O. BOX 330106
CITY-ST-ZIP	MIAMI, FL 332330106
TITLE	MGRM
NAME	CANNON, LISA A
STREET ADDRESS	17400 SW 180TH STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGRM
NAME	CANNON, RUTH
STREET ADDRESS	17845 SW 174TH STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lisa Cannon 2/21/06 305-234-7960
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #