

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000021407

1. Entity Name
CANGRO, LLC



Principal Place of Business

C/O LISA CANNON
17400 SW 180TH AVENUE
MIAMI, FL 33173

Mailing Address

C/O LISA CANNON
17400 SW 180TH AVENUE
MIAMI, FL 33173



01082008 No Chg-LLC

CR2E083 (12/07)

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

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000903393
04/30/08-80045-007 138.75

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	

**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

LISA CANNON 4/15/08 305-234-2960

Date

Daytime Phone #