

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023285

Entity Name: NEWCOM REALTY, LLC

FILED  
May 06, 2008  
Secretary of State

**Current Principal Place of Business:**

15590 NW 15TH AVENUE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

15590 NW 15TH AVENUE  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 70-0439796      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:**

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

DIAZ, ANA M  
3261 SOUTHWEST 134TH AVENUE  
MIAMI, FL 33175      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DICKINSON, SHERIDAN  
Address: 3261 SOUTHWEST 134TH AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: MGR      ( ) Delete  
Name: DICKINSON, JAIME  
Address: 3261 SOUTHWEST 134TH AVENUE  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

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

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: JAIME DICKINSON

MGR

05/06/2008

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