### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000025058**

Entity Name

LOPÉZ-CISNEROS & LEAL, L.L.C.



Principal Place of Business

8700 W. FLAGLER ST.

390 Miami, FL 33174 Mailing Address

8700 W. FLAGLER ST.

390

MIAMI, FL 33174

## FILED Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90095 043 \*\*\*150.00

**60004396** 



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 51-0505312 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CISNEROS, MERCEDES L 8700 W. FLAGLER ST 390

MIAMI, FL 33174

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8.	<ol> <li>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.</li> </ol>	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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CISNEROS, MERCEDES L 8700 W. FLAGLER ST. STE. 390 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAL, ANGEL F JR. 8700 W. FLAGLER ST. STE. 390 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS GITY-ST-ZIP	
NAME STREET ADDRESS	

# 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: MAUSILLEID

GNATURE AND TYPED OR PRINTED NAME OF SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

/23/08

Daytime Phone \*