


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000031104
 1. Entity Name
 GIRALDO FAMILY, LLC



Principal Place of Business 5802 MARINER STREET TAMPA, FL 33609	Mailing Address 5802 MARINER STREET TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



05292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1047417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
 GIRALDO, HERMAN D
 5802 MANNER ST
 TAMPA, FL 33609

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

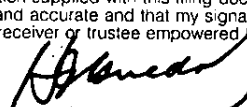
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRALDO, HERNAN D 5802 MARINER ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/03/08-90043-021 138.75

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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:  DATE: 5/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #