## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Feb 20, 2006 8:00 am Secretary of State DOCUMENT # L04000037922 1. Entity Name 02-20-2006 90145 021 \*\*\*\*50.00 NOON CONSTRUCTION COMPANY, LLC Mailing Address Principal Place of Business 6578 SW 40TH STREET 6578 SW 40TH STREET **MIAMI FL 33155** MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address -51866 SME Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 41-2139003 Not Applicable MAMI Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent NARANJO, LISETTE Street Address (P.O. Box Number is Not Acceptable) 934 MICHIGAN AVENUE BENITO 105 MIAMI BEACH FL 33139 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE d name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State 🏂 Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGZM Change ☐ Addition ☐ Delete TITLE TITLE MGRM LISETTE NARANJO-PEREZ NAME NAME NARANJO, LISETTE 1322 SAN BENITO STREET ADDRESS STREET ADDRESS 934 MICHIGAN AVE., #105 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MGRM NAME NAME PEREZ, MICHAEL R STREET ADDRESS STREET ADDRESS 1322 SAN BENITO CITY-ST-7/P CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED DY PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED