

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038087

FILED
Apr 28, 2008
Secretary of State

Entity Name: GUERRA ADVERTIZING, LLC.

Current Principal Place of Business:

3990 NW 62 AVENUE
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 661373
HIALEAH, FL 33266

New Mailing Address:

FEI Number: 20-1602956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL GUERRA
3990 NW 62 AVENUE
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: GUERRA, MICHAEL
Address: P.O. BOX 661373
City-St-Zip: HIALEAH, FL 33266

Title: MGR () Delete
Name: GUERRA, ANGELICA
Address: P.O. BOX 661373
City-St-Zip: HIALEAH, FL 33266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUERRA, MICHAEL
Address: P.O. BOX 661373
City-St-Zip: MIAMI SPRINGS, FL 33266

Title: MGR (X) Change () Addition
Name: GUERRA, ANGELICA C
Address: P.O. BOX 661373
City-St-Zip: MIAMI SPRINGS, FL 33266

Title: MGR () Change (X) Addition
Name: GUERRA, SARAH L
Address: P.O. BOX 661373
City-St-Zip: MIAMI SPRINGS, FL 33266

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: MICHAEL GUERRA

MGRM

04/28/2008

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