## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 30, 2008 08:00 AN Secretary of State **DOCUMENT # L04000040977** 1. Entity Name BOBBY NUNEZ, L.L.C. Principal Place of Business Mailing Address 2892 SW 139TH COURT 2892 SW 139TH COURT MIAMI, FL 33175 MIAMI, FL 33175 CR2E083 (12/07) 04252008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 77-0636455 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NUNEZ, ANDRES R DO NOT WRITE 2892 SW 139TH COURT MIAMI, FL 33175 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000936412 05/27/08-80010-002 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NUNEZ, ANDRES R NAME STREET ADDRESS 2892 SW 139TH COURT CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 firstee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #