

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-19-2008 90065 047 ***138.75

DOCUMENT # L04000043692

1. Entity Name
FIRST C, LLC



Principal Place of Business
**8700 W. FLAGLER STREET, SUITE 165
MIAMI, FL 33174**

Mailing Address
**8700 W. FLAGLER STREET, SUITE 165
MIAMI, FL 33174**

30002647



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1108542

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAGO, JULIO
8700 W. FLAGLER STREET, SUITE 165
MIAMI, FL 33174**

**DO NOT WRITE
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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE: MGR
NAME: LAGO, JULIO
STREET ADDRESS: 8700 W. FLAGLER STREET, SUITE 165
CITY- ST- ZIP: MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF BORING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #