


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90367 027 \*\*\*\*50.00

**DOCUMENT # L04000045549**

1. Entity Name  
**CONSIGN, LLC**



Principal Place of Business  
**7428 SW 42 STREET**  
**MIAMI, FL 33155**

Mailing Address  
**7428 SW 42 STREET**  
**MIAMI, FL 33155**

2. Principal Place of Business - No P.O. Box #  
**14025 SW 143 CT**

3. Mailing Address  
**14025 SW 143 CT**

Suite, Apt. #, etc.  
**# 28**

Suite, Apt. #, etc.  
**# 28**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

40110277



04292007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-1257319**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MACINTER CORPORATION**  
**5440 NORTH STATE ROAD 7, STE. 218**  
**FORT LAUDERDALE, FL 33319**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINEROS, ROSA ELVIA 11940 SW 123 AVE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTIERREZ, CARLOS 11940 SW 123 AVE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONTRERAS, REMBERTO 7066 S.W. 44TH STREET MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carla J.P. Date: 4/28/07

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