

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000045571

1. Entity Name

ESTRUCH & MIKELA, LLC



Principal Place of Business

2245 NW 110 AVE.
MIAMI FL 33172

Mailing Address

2245 NW 110 AVE.
MIAMI FL 33172



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

City & State

4. FEI Number

42-1645408

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARIDE, RAQUEL
2245 NW 110 AVE.
MIAMI FL 33172

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CARIDE, RAQUEL
STREET ADDRESS 2245 NW 110 AVE.
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME U000000769773
STREET ADDRESS 07/20/07-80004-010 50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ROJAS, MARIA L
STREET ADDRESS 2245 NW 110 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

7/17/07 305 477-9996