

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046925

Entity Name: CUERNO LLC

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

6770 INDIAN CREEK DRIVE
PHJ
MIAMI BEACH, FL 33141

New Principal Place of Business:

2375 W 80 ST
4
HIALEAH, FL 33016

Current Mailing Address:

6770 INDIAN CREEK DRIVE
PHJ
MIAMI BEACH, FL 33141

New Mailing Address:

2375 W 80 ST
4
HIALEAH, FL 33016

FEI Number: 56-2470064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOBROWOLSKI, EDWARD
16022 SW 79 TERRACE
MIAMI, FL 33193 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: MGR () Delete
Name: SEMAAN, ANDRES F
Address: 6770 INDIAN CREEK DRIVE PHJ
City-St-Zip: MIAMI, FL 33141

Title: MGR () Delete
Name: GOMEZ, CARLOS A
Address: 7771 NW 7 ST #501
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GOMEZ, CARLOS A
Address: 16035 NW 64 AVE APT 311
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS GOMEZ

MR

07/07/2006

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