

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 045 ****50.00

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1. Entity Name

PUERTA DE PALMAS 302 LLC

Principal Place of Business

7668 NW 116 AVE
DORAL FL 33178

Mailing Address

7668 NW 116 AVE
DORAL FL 33178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number 20-1872350

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

SANCHEZ, NELSON J
7668 NW 116 AVE
DORAL FL 33178

Name SANCHEZ, NELSON

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

11271 NW 75 AVE

City

Doral

FL

Zip Code

33178

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 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME SANCHEZ, NELSON J
STREET ADDRESS 7668 NW 116 AVE
CITY - ST - ZIP DORAL FL 33178

TITLE MGRM ☐ Delete
NAME SANCHEZ, OLIMPIADES E
STREET ADDRESS 7668 NW 116 AVE
CITY - ST - ZIP DORAL FL 33178

TITLE MGRM ☐ Delete
NAME SANCHEZ, FRANCISCO J
STREET ADDRESS 7668 NW 116 AVE
CITY - ST - ZIP DORAL FL 33178

TITLE MGRM ☐ Delete
NAME FOSSA, ALVARO M
STREET ADDRESS 7668 NW 116 AVE
CITY - ST - ZIP DORAL FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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 #