2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056350

1. Entity Name GORMO LLC



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

400 S DIXIE HWY CORAL GABLES, FL 33146

Mailing Address

400 S DIXIE HWY

CORAL GABLES, FL 33146



DO NOT WRITE IN THIS SPACE

04052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2873539 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Sconstars, typou or printed rigms of registared agent and little if applicable

MORENO, IGNACIO 7622 SW 129 PL MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

	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	
SI	IGNATURE	

(NCTE: Registered Agent signisture required when reinstating)

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

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	9.	MANAGING MEMBERS/MANAGERS
ĺ	TIFLE	MGRM
ĺ	NAME	GORRIN, ALVARO
١	STREET AUDRESS	400 S DIXIE HWY
l	01Y-\$1-ZiP	CORAL GABLES, FL 33146
	TITLE	MGRM
١	NAME	MORENO, IGNACIO
	STREET ADDRESS	7622 SW 129 PL
,	CITY-ST-ZIP	MIAMI, FL 33183
	TITLE	
	NAME	
	STREET ADDRESS	
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	STHEET ADERESS	
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U00000927798 05/21/08-80002-019 138.75

DATE

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11. I hereby certify that the information supplied with this filling 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 acturate 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, OR AUTHORIZED REPRESENTATIVE

100000 4/21/08

501-408460

Daytime Etionia #