

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058911

Entity Name: METROPOLITAN, LLC

FILED  
May 02, 2008  
Secretary of State

**Current Principal Place of Business:**

11090 SW 153 COURT  
MIAMI, FL 33196

**New Principal Place of Business:**

10151 SW 154 CIR CT  
111-4  
MIAMI, FL 33196

**Current Mailing Address:**

11090 SW 153 COURT  
MIAMI, FL 33196

**New Mailing Address:**

10151 SW 154 CIR CT  
111-4  
MIAMI, FL 33196

FEI Number: 20-1479861      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:**

GRAJALES, ORLANDO  
11090 SW 153 COURT  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

GRAJALES, ORLANDO  
10151 SW 154 CIR CT  
111-4  
MIAMI, FL 33196 US

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: ORLANDO GRAJALES

05/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRAJALES, ORLANDO  
Address: 11090 SW 153 COURT  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GRAJALES, ORLANDO  
Address: 10151 SW 154 CIR CT #111-4  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify 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: ORLANDO GRAJALES

MGR

05/02/2008

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