

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000059002

1. Entity Name
LA CANDELARIA 708 LLC



Principal Place of Business

**9737 NW 41 ST
#615
MIAMI, FL 33178 US**

Mailing Address

**9737 NW 41 ST
#615
MIAMI, FL 33178 US**

DO NOT WRITE IN THIS SPACE



05022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1468163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CABANAS & ASSOCIATES, P.A.
10520 NW 26 STREET
C 201
DORAL, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RACIOPOPO, ADRIANA
STREET ADDRESS	10556 SW 26 STREET - D101
CITY-ST-ZIP	DORAL, FL 33172

TITLE	
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05/20/06-80083-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Joseph F Cabanas
Joseph F Cabanas

04/29/06
Date

(305) 689 9819
Daytime Phone #