2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State
08-12-2005 90049 031 ****50.00

DOCUMENT # L04000059144
1. Entity Name
LABECA & ASSOCIATES LLC

Principal Place of Business	Mailing Address
753 EAST 36 STREET HIALEAH, FL 33013	753 EAST 36 STREET HIALEAH, FL 33013

07102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14420 HARRIS PLACE	8004 NW 154 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 263
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL
Zip: 33014 Country: USA	Zip: 33016 Country: USA

4. FEI Number: 20-1482146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASCANTE, JOHN
753 EAST 36 STREET
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name: FERNANDO PADRON
Street Address (P.O. Box Number is Not Acceptable): 8004 NW 154 STREET
#263
City: MIAMI LAKES FL Zip Code: 33016

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], FERNANDO PADRON MANAGER 8-8-05
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 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON, FERNANDO 14420 HARRIS PLACE MIAMI LAKES, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR BARBARA PADRON 14420 HARRIS PLACE MIAMI LAKES, FL 33014	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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], FERNANDO PADRON MGR. 8-8-05 305 788-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #