

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000060591

1. Entity Name

UNITED EQUIPMENT, LLC



Principal Place of Business

14431 SW 111 ST.
MIAMI, FL 33186 US

Mailing Address

14431 SW 111 ST.
MIAMI, FL 33186 US



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1494540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSETE, MARK
14431 SW 111 ST.
MIAMI, FL 33186

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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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OSETE, RICHARD
STREET ADDRESS	14431 SW 111 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	OSETE, MARK
STREET ADDRESS	14431 SW 111 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	OSETE, EUGENIO
STREET ADDRESS	14431 SW 111 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	OSETE, KARLA
STREET ADDRESS	14431 SW 111 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000648525
03/07/07-80013-002 50.00

**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: _____

Karla E. Osete (KARLA OSETE)

2-15-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #