

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90020 001 ***138.75

DOCUMENT # L04000066716					
1. Entity Name SAUCEDO 1945, L.L.C.					
Principal Place of Business 128 MORNINGSID DRIVE CORAL GABLES, FL 33133			Mailing Address 128 MORNINGSID DRIVE CORAL GABLES, FL 33133		
2. Principal Place of Business - No P.O. Box # 1680 rickman Avenue		3. Mailing Address			
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc.			
City & State MIAMI BEACH FL		City & State			
Zip 33139	Country DODE	Zip	Country	4. FEI Number 56-2481226	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SEGREDO, FRANK J ESQ SEGREDO & WEISZ, ATTORNEYS AT LAW 9350 SOUTH DIXIE HIGHWAY STE. 1500 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Julio Riquezes Street Address (P.O. Box Number is Not Acceptable) 178 morningside drive City coral gables FL Zip Code 33138		
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. Julio Riquezes		DATE 4/20/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIQUEZES, JULIO 128 MORNINGSID DRIVE CORAL GABLES, FL 33133		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE Julio Riquezes		Date 4/20/08	Daytime Phone # (305) 777 7789