

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90022 026 ****50.00

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03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2651580
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MESQUITA, MARIO
22672 PICKEREL CIRCLE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
21722 FALL RIVER DR.
City Boca Raton FL Zip Code 33428

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 MARIO MESQUITA DATE 4-26-06
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MESQUITA, MARIO
STREET ADDRESS 22672 PICKEREL CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Delete

TITLE MGRM
NAME GARLINI, NATASHA
STREET ADDRESS 22672 PICKEREL CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MESQUITA, MARIO
STREET ADDRESS 21722 FALL RIVER DR.
CITY-ST-ZIP BOCA RATON, FL 33428 ☒ Change ☐ Addition

TITLE MGRM
NAME GARLINI, NATASHA
STREET ADDRESS 21722 FALL RIVER DR.
CITY-ST-ZIP BOCA RATON, FL 33428 ☒ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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: MARIO MESQUITA DATE 4-26-06 (561) 305-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #