

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000072567**

1. Entity Name  
**JORAL INVESTMENTS, LLC.**



Principal Place of Business  
**5441 S.W. 84 TERR.  
MIAMI, FL 33143**

Mailing Address  
**7201 BIRD RD  
MIAMI, FL 33155**



01242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1716017**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AZZE, JORGE  
5441 S.W. 84 TERR.  
MIAMI, FL 33143**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000874474  
04/10/08-80118-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	AZZE, JORGE
STREET ADDRESS	5441 S.W. 84 TERR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGRM
NAME	MAYO-AZZE, ALINA
STREET ADDRESS	5441 S.W. 84 TERR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGRM
NAME	ONA, ALFRED V
STREET ADDRESS	7201 BIRD RD
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	ONA, HELGA W
STREET ADDRESS	7201 BIRD ROAD
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

**3/26/08 (305) 262-6077**

Date

Daytime Phone #