

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072941

1. Entity Name
LESMEZ INVESTMENTS LLC



Principal Place of Business

6065 NW 167 ST
SUITE B4
MIAMI, FL 33015

Mailing Address

6065 NW 167 ST
SUITE B4
MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE



04072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
37-1497537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

LESMEZ, CHRISTIAN
6065 NW 167 ST
SUITE B4
MIAMI, FL 33015

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LESMEZ, CHRISTIAN
6065 NW 167 ST, #B4
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
VITA, CLAUDIA
6065 NW 167 ST, #B4
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LESMEZ, EDGAR
6065 NW 167 ST, #B4
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LESMEZ, PATRICIA
6065 NW 167 ST, #B4
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LESMEZ, CARLOS
6065 NW 167 ST, #B4
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000505469
04/26/06-80114-020 50.00

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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

CHRISTIAN LESMEZ 4/8/06 305 5289069

Date

Daytime Phone