

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 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



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
37-1497537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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)

000000013F000

05/07/08-80104-009 138.75

FILE NOW!!! FEE IS \$138.75

After May 1, 2008 Fee will be \$538.75

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

**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

Date

Daytime Phone #

4/17/08