

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087356

Entity Name: LA ANTIOQUENA LLC

FILED  
Jul 09, 2008  
Secretary of State

**Current Principal Place of Business:**

3861 LAKE EMMA RD  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

363 CRYSTAL RIDGE WAY  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 20-1958557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VASQUEZ, LUIS F  
363 CRYSTAL RIDGE WAY  
LAKE MARY, FL 32746      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VASQUEZ, LUIS F  
Address: 363 CRYSTAL RIDGE WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM      ( ) Delete  
Name: VASQUEZ, ROSA M  
Address: 363 CRYSTAL RIDGE WAY  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS F VASQUEZ

MGR

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date