

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90021 030 \*\*\*138.75

**DOCUMENT # L04000088362**

1. Entity Name  
47TH AVENUE LLC



Principal Place of Business  
782 NW 42ND AVE. SUITE 630  
MIAMI, FL 33126

Mailing Address  
782 NW 42ND AVE. SUITE 630  
MIAMI, FL 33126

**50005171**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-2042825

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ALVARO L  
7370 MONACO STREET  
CORAL GABLES, FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR GONZALEZ, ALVARO L ☐ Delete  
STREET ADDRESS 9159 SW 77TH AVE  
CITY-ST-ZIP MIAMI, FL 33156

TITLE NAME ADDRESS ☒ Change ☐ Addition  
STREET ADDRESS 8120 SW 93 AVENUE  
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR MEMBER ☐ Change ☒ Addition  
STREET ADDRESS ANTONIO A. GONZALEZ  
CITY-ST-ZIP 7370 MONACO STREET  
CORAL GABLES FL 33143

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR MEMBER ☐ Change ☒ Addition  
STREET ADDRESS MARIA V. GONZALEZ  
CITY-ST-ZIP 7370 MONACO STREET  
CORAL GABLES FL 33143

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Alvaro L. Gonzalez*

**Alvaro L. Gonzalez**

*4.11.08*

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE