

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90224 027 \*\*\*138.75

<b>DOCUMENT # L04000090128</b>	
1. Entity Name ORBITAL IMPORT, L.L.C.	



Principal Place of Business 7601 East Treasure Drive Apt 1805 NORTH BAY VILLAGE, FL 33141	Mailing Address SAME
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60044157



3/ Principal Place of Business - No P.O. Box #		4/ Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05282008 Di h.MMD DS3F1941)23017\*

5/ FEI Number 20-2476482	Applied For Not Applicable
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6/ Certificate of Status Desired <input type="checkbox"/>	7/11 Beejupobm G f ISf r vj f e
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7/ Obn f l boel Bees f t t lpg Dv s f ou S f h j t u f s e l B h f ou	
LARA, MARTHA 2131 CALAIS DRIVE 5 MIAMI BEACH, FL 33141	

8/ Obn f l boel Bees f t t lpg O f x ISf h j t u f s e l B h f ou	
Name MARTHA S. LARA	
Street Address (P.O. Box Number is Not Acceptable) 7601 East Tressure Drive # 1805	
City NORTH BAY VILLAGE FL GM	Zip Code 33141

9/ 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 	MARTHA S. LARA, GRALMGR 05/01/2008	DATE
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<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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21/ MANAGING MEMBERS/MANAGERS		22/ ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARA, MARTHA MIAMI BEACH MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lara, Martha S. 7601 E Treasure Dr # 1805 North Bay Village, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

22/ 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.

TJHOBVUSF	Martha S. lara	05/01/2008 786-295-
TJHOBVUSF 05/01/2008 P'S QS.DUE OBNT PUT HODH NBOSH.DH NFNCFS-NBOSHFS-P'SIBVU P'SJ FEISFOSFTFOUBUWF		Date Daytime Phone # 2474