2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000090357

1. Entity Name
LE CHASSEURS, LLC

Principal Place of Business	Mailing Address
10568 NW 51ST TERRACE MIAMI, FL 33178 US	10568 NW 51ST TERRACE MIAMI, FL 33178 US

02272006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAY PEREZ & ASSOCIATES, PA
13935 NW 1ST AVE
MIAMI, FL 33168

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOTO, DALISLA C
STREET ADDRESS	10568 NW 51ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	SOTO, VICTOR G
STREET ADDRESS	10568 NW 51ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	CESPEDES, JUAN
STREET ADDRESS	9982 SW 2ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	MGRM
NAME	CESPEDES, REBECA
STREET ADDRESS	9982 SW 2ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	MGRM
NAME	CASTRELLON, ANA MARIA
STREET ADDRESS	3050 LA MIRAGE DRIVE
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	MGRM
NAME	CASTRELLON, ULPIANO
STREET ADDRESS	9982 SW 2ND TERRACE
CITY-ST-ZIP	LAUDERHILL, FL 33319

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05/17/06-80089-001 50.00

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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: X Victor Soto 4-28-06. 3056889694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #