2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L04000090357

Entity Name: LE CHASSEURS, LLC

Current Principal Place of Business:

10568 NW 51ST TERRACE
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10568 NW 51ST TERRACE
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 20-2000852 **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:

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

Name and Address of New Registered Agent:

RAY PEREZ & ASSOCIATES, PA
174 NE 96 STREET
MIAMI SHORES, FL 33138 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: SANDRA D PEREZ 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SOTO, DALISLA C	
Address:	10568 NW 51ST TERRACE	
City-St-Zip:	MIAMI, FL 33178 US	
Title:	MGRM	( ) Delete
Name:	SOTO, VICTOR G	
Address:	10568 NW 51ST TERRACE	
City-St-Zip:	MIAMI, FL 33178 US	
Title:	MGRM	( ) Delete
Name:	CESPEDES, JUAN	
Address:	9982 SW 2ND TERRACE	
City-St-Zip:	MIAMI, FL 33174 US	
Title:	MGRM	( ) Delete
Name:	CESPEDES, REBECA	
Address:	9982 SW 2ND TERRACE	
City-St-Zip:	MIAMI, FL 33174 US	
Title:	MGRM	( ) Delete
Name:	CASTRELLON, ANA MARIA	
Address:	3050 LA MIRAGE DRIVE	
City-St-Zip:	LAUDERHILL, FL 33319 US	
Title:	MGRM	( ) Delete
Name:	CASTRELLON, ULPIANO	
Address:	9982 SW 2ND TERRACE	
City-St-Zip:	LAUDERHILL, FL 33319 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: VICTOR SOTO M 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date