

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90117 013 ****55.00

DOCUMENT # L04000090489					
1. Entity Name SEVENTHEAVEN ENTERPRISES, LLC					
Principal Place of Business 10052 WINDING LAKE RD #102 SUNRISE, FL 33351			Mailing Address 10052 WINDING LAKE RD #102 SUNRISE, FL 33351		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2663275	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, LEONARDO 10052 WINDING LAKE RD #102 SUNRISE, FL 33351			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDOBA, ALVARO 10052 WINDING LAKE RD #102 SUNRISE, FL 33351	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, LEONARDO 10932 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIN AVILA, GIOVANNY E 10932 W. SAMOLE ROAD CORAL SPRINGS, FL 33065	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDOBA, ALVARO 1681 NW 70TH AVENUE APT 207 PLANTATION, FL 33313	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIAZ, LEONARDO 4764 SW 154 COURT MIAMI, FL 33185	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDOBA, ALVARO 1681 NW 70TH AVENUE APT 207 PLANTATION, FL 33313	☐ Change ☐ Addition			
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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:			03-07-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
(954) 588-9765			03-07-07		