

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-31-2007 90087 008 ****55.00

DOCUMENT # L04000094408					
1. Entity Name RUBEN ARTILES, LLC					
Principal Place of Business 8130 NW 74 STREET MIAMI, FL 33166			Mailing Address 8130 NW 74 STREET MIAMI, FL 33166		
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	01182007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 52-2454959				Applied For ☒ APPLIED FOR ☐ Not Applicable	
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		
BOLANOS, JOSE A 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134			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 re-registering) _____ DATE _____					
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 ARTIELS, RUBEN 8130 NW 74 STREET MIAMI, FL 33166	☐ Delete			
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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 606, Florida Statutes.					
SIGNATURE: _____			01-23-07		
SIGNATURE AND TYPED OR PRINTED NAME OF BORROWING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					