

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

DOCUMENT # L05000004847

1. Entity Name  
SION HOME'S BUILDERS LLC



2007 AUG 28 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08142007 Chg-LLC CR2E083 (12/06)

Principal Place of Business  
2423 SW 147 AVE.  
SUITE 213  
MIAMI, FL 33185

Mailing Address  
2423 SW 147 AVE.  
SUITE 213  
MIAMI, FL 33185

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  
42-1658001

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

ORTEGA, VICTOR  
2423 SW 147 AVE.  
SUITE 213  
MIAMI, FL 33185

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)

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTEGA, VICTOR			NAME			
STREET ADDRESS	2423 SW 147 AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROY, NARINEDAT			NAME			
STREET ADDRESS	2423 SW 147 AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLOS SAINZ, JUAN			NAME			
STREET ADDRESS	2423 SW 147 AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	600208573446		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	8/28/07 0147/005		
STREET ADDRESS				STREET ADDRESS	\$55.00		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #