


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000006838
 1. Entity Name
 LA ONDA ENTERPRISES LLC



Principal Place of Business
 37518 LOCK ST
 DADE CITY, FL 33523

Mailing Address
 POB 1917
 DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE



02072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2657069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIAS, FELIPE
 37518 LOCK ST
 DADE CITY, FL 33523

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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: Felipe FRIAS DATE: 2-13-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

02/26/08-80052-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIAS, FELIPE 37518 LOCK ST DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIAS, JOSE L 37518 LOCK ST DADE CITY, FL 33523
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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: Felipe FRIAS DATE: 2-13-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE