

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000007280

1. Entity Name
16300 PM, LLC



Principal Place of Business
8105 WEST 20TH AVE
HIALEAH, FL 33014 US

Mailing Address
8105 WEST 20TH AVE
HIALEAH, FL 33014 US

DO NOT WRITE IN THIS SPACE



04292008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
26-0496025

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, RONOLFO
100 ALMERIA AVE STE 340
MIAMI, FL 33145

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000941880

05/28/08-80122-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ORTIZ, HECTOR P
STREET ADDRESS	8105 WEST 20TH AVE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	MGR
NAME	ORTIZ, LINDA
STREET ADDRESS	8105 WEST 20TH AVE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #