2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000008959

Entity Name
 MURIEL, LLC

FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

C/O QUIET TECHNOLOGY AEROSPACE, INC. 12845 NW 45TH AVENUE OPALOCKA, FL 33054 C/O QUIET TECHNOLOGY AEROSPACE, INC. 12845 NW 45TH AVENUE OPALOCKA, FL 33054



04222008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number NOT APPLICABLE	
4	Certificate of Status Desired	\$

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 DO NOT WRITE
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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.

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

9. MANAGING MEMBERS/MANAGERS MGR TULE NAME POLANY, JEROME STREET ADDRESS 5959 COLLINS AVE SUITE 703 CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-7/P

<u>/ZU/08-80100-013 138.7</u>

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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:

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

4/23/08

786-853-9669

Daylime Phone