2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2008 8:00 am Secretary of State

	74.444				_		•		
DOCUMENT # L05000009259 1. Entity Name 1 STOP INVESTMENTS L.L.C.						04-03-2008		O ***13	38.75
Principal Plac	e of Business	Mailing Address			* * • •		-		
Principal Place of Business 8801 NW 112 STREET HIALEAH, FL 33018		8801 NW 112 STREET HIALEAH, FL 33018		I (B\$1)0() 0	II ** 11 2 1 * 1111 ** 1111 ** 1111 ** 1111 *	T211 8 8 111 8 8 111 1 1 1 1 1 1 1 1 1 1	EFFEL FIII û 1û		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232008	Chg-LLC	CR2E083	<u> </u>		
City & Stat		City & State		4. FEI Numb 74-313			→	oplied For ot Applicable	
Zip	Country	Zip	Country		ļ	e of Status Desired	□ Fe	5.00 Add e Require	
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New	Registered Ag	ent	
			Name	•					
	IELSON 112 STREET FL 33018	Street Address		(P.O. Box Number is Not Acceptable)					
			City			· · ·	FL	Zip Cod	
8. The above the obligat	named entity submits this statement folions of registered agent.		egistered office	or register	red agent, or bo	oth, in the State of F	lorida. I am fan	niliar with,	and accept
**	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating)		DATE		
After May	NOW!!! FEE IS:\$138.75		Registered Agent sig	nature required	d when reinstating)		DATE ke check pay ia Departmen		e
	: NOW!!! FEE IS \$138.75	5	Registered Agent sig	nature required	when reinstating)	Florid	ke check pay ia Departmen		e
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5		nature required	when reinstating)	Florid	ke check pay la Departmen		e Addition
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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. 3 A A

SIGNATURE: X Helson	Gomes	3-15-08	(30) 302-5491	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	