

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019884

1. Entity Name
MEGA RIVER LLC



Principal Place of Business
445 GRAND BAY DRIVE, APT. 1101
C/O MARIA DEL PILAR PINEROS
KEY BISCAYNE, FL 33149

Mailing Address
445 GRAND BAY DRIVE, APT. 1101
C/O MARIA DEL PILAR PINEROS
KEY BISCAYNE, FL 33149



04012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0959322

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL PILAR PINEROS, MARIA
445 GRAND BAY DRIVE, APT. 1101
KEY BISCAYNE, FL 33149

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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

04/22/08-80022-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DEL PILAR PINEROS, MARIA
STREET ADDRESS 445 GRAND BAY DRIVE, APT. 1101
CITY-ST-ZIP KEYBISCAYNE, FL 33149

TITLE
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CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #

4/5/08 (305)3616712