

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90191 008 ****50.00

DOCUMENT # L05000025056

1. Entity Name
3 BLK SHEEP, LLC



Principal Place of Business
854 N.W. 87 AVE.
#303
MIAMI, FL 33172 US

Mailing Address
854 N.W. 87 AVE.
#303
MIAMI, FL 33172 US

40041700



03272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
30-0303291

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHE, LILLIANE
854 N.W. 87 AVE.
#303
MIAMI, FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ROCHE, LILLIANE
STREET ADDRESS 854 N.W. 87 AVE. #303
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ROCHE, MARGARITA
STREET ADDRESS 7650 S.W. 122 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9295 S.W. 67 Street
CITY-ST-ZIP Miami, FL 33173

TITLE MGRM ☐ Delete
NAME MENDEZ, LISE
STREET ADDRESS 425 SOUTH SHORE DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lilliane Roche*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/06

Date

305-789-7481

Daytime Phone #