2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000027290

1. Entity Name
TORR GROUP, LLC

Principal Place of Business	Mailing Address
1221 NORTH "O" STREET LAKE WORTH, FL 33460	2101 FAWN MEADOW CIR SAINT CLOUD, FL 34772

04092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3142002
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUZMAN, GERSON
2101 FAWN MEADOW CIRCLE
ST. CLOUD, FL 34772

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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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RANDO, ELIZABETH
STREET ADDRESS	10915 SW 48TH ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	MGRM
NAME	TORNES, DEBRA
STREET ADDRESS	2101 FAWN MEADOW CIR
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	MGRM
NAME	LOZADA, FRANCISCO
STREET ADDRESS	15515 NW 12TH CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGRM
NAME	GARCIA, EDGAR
STREET ADDRESS	7421 NE 8TH AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80083-014 50.00

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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: Gerson Guzman Gerson Guzman 4/9/07 407-922-6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #