


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-09-2006 90011 018 ****50.00

DOCUMENT # L05000029877
 1. Entity Name
ISMAEL MEJIA, LLC



Principal Place of Business: **500 S. HIMES AVE., #14 TAMPA FL 33609**
 Mailing Address: **500 S. HIMES AVE., #14 TAMPA FL 33609**



1st MOORE CR2E083 (10/05)

2. Principal Place of Business: **7602 Pinery way**
 Suite, Apt. #, etc.: **5A**

3. Mailing Address: **7602 Pinery way**
 Suite, Apt. #, etc.: **5A**

City & State: **Tampa FL.**

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4. FEI Number: **095-68-8573**
 Applied For
 Not Applicable

Zip: **33615** Country: **Hillbero**

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

6. Name and Address of Current Registered Agent
MEJIA, ISMAEL
500 S. HIMES AVE., #14
TAMPA FL 33609

7. Name and Address of New Registered Agent
 Name: **Mejia Ismael**
 Street Address (P.O. Box Number is Not Acceptable): **7602 Pinery way #5A**
 City: **Tampa** FL Zip Code: **33615**

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:

DATE: **28/4/06**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEJIA, ISMAEL 500 S. HIMES AVE., #14 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DATE: **11-6-06** (813) 965-6159