

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90027 025 ****50.00

DOCUMENT # L05000036176

1. Entity Name
VILLAVERDE & MARTINEZ, PLLC



Principal Place of Business
**C/O ARVESU & ASSOCIATE, PLLC
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FL 33134**

Mailing Address
**C/O ARVESU & ASSOCIATE, PLLC
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FL 33134**

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2. Principal Place of Business
5901 SW 74 ST

3. Mailing Address

02152006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

20-2671950

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

City & State

City & State

Zip

Country

Zip

Country

33143

miami-Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARVESU & ASSOCIATES, PLLC
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FL 33034**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VILLAVERDE, TONI L
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARTINEZ, ISABEL S
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FL 33134** ☐ Delete

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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: Isabel Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/06