

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000036402

1. Entity Name
MOLLER & MURILLO LLC



Principal Place of Business
7610 DICKENS AVE
MIAMI BEACH, FL 33141 US

Mailing Address
8414 MW 8TH STREET
MIAMI, FL 33126 US

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2669250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLLER, GUNNAR
8414 NW 8TH STREET
MIAMI, FL 33126

**DO NOT WRITE
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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954964
07/15/08-80005-015 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOLLER, GUNNAR
STREET ADDRESS	8414 NW 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	MURILLO, LILLIANA
STREET ADDRESS	200 NW 66TH AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

7-11-08 786 443 0963