

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000038511

1. Entity Name
CMU INVESTMENT GROUP, L.L.C.



Principal Place of Business
1211 FALCON AVENUE
MIAMI, FL 33166

Mailing Address
1211 FALCON AVENUE
MIAMI, FL 33166



03012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1955339

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

USALLAN, CARLOS
1211 FALCON AVENUE
MIAMI, FL 33166

**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
After May 1, 2008 Fee will be \$538.75

U00000930632
05/21/08-80116-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	USALLAN, CARLOS
STREET ADDRESS	1211 FALCON AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	MARTINEZ, CARLOS
STREET ADDRESS	1211 FALCON AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	USALLAN, MARLENE
STREET ADDRESS	1211 FALCON AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	MARTINEZ, CELIDA
STREET ADDRESS	1211 FALCON AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
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: Carlos Usallan **CARLOS USALLAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08 **786-252-3784**
Date Daytime Phone