

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90117 003 \*\*\*138.75

60023724



03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 11-3748605 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name **JOSEPH OLMEDA**  
Street Address (P.O. Box Number is Not Acceptable) **6713 ASHBURN RD**  
City **LAKE WORTH** FL **33467**

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]*

(NOTE: Registered Agent signature required when reconstituting)

3/27/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	OLMEDA, JOSEPH A	
STREET ADDRESS	6713 ASHBURN ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	OLMEDA, GRISEL	
STREET ADDRESS	6713 ASHBURN ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLMEDA, JOSEPH A	
STREET ADDRESS	6713 ASHBURN ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLMEDA, GRISEL	
STREET ADDRESS	6713 ASHBURN ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/08

561-827-5329

Daytime Phone #