

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 011 ****50.00



DOCUMENT # L05000044630
 1. Entity Name
BIG ONYX, L.L.C.

Principal Place of Business Mailing Address
10556 NW 26TH STREET, D-101 **10556 NW 26TH STREET, D-101**
DORAL, FL 33172 **DORAL, FL 33172**

2. Principal Place of Business 3. Mailing Address
10544 NW 26 St. **10544 NW 26 St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
E 202 **E 202**

City & State City & State
Doral, FL. **Doral, FL.**

Zip Country Zip Country
33172 **U.S.A.** **33172** **U.S.A.**



06092006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET, C201
DORAL, FL 33172

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mauro Scattolini Date 08/03/06 Daytime Phone # (305) 5941098

Mauro Scattolini