2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045461

1. Entity Name
CEDEÑO UNITED,LLC

Principal Place of Business	Mailing Address
PO BOX 151029 CAPE CORAL, FL 33915 US	PO BOX 151029 CAPE CORAL, FL 33915 US

DO NOT WRITE IN THIS SPACE

08312007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
34-2047511

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CEDEÑO, RAUL
PO BOX 151029
CAPE CORAL, FL 33915

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

U00000773615
09/07/07-80006-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CEDEÑO, RAUL
STREET ADDRESS	PO BOX 151029
CITY-ST-ZIP	CAPE CORAL, FL 33915
TITLE	MGRM
NAME	CEDEÑO, OSCAR
STREET ADDRESS	PO BOX 151029
CITY-ST-ZIP	CAPE CORAL, FL 33915
TITLE	MGRM
NAME	CEDEÑO, ARTHUR
STREET ADDRESS	PO BOX 151029
CITY-ST-ZIP	CAPE CORAL, FL 33915
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Raul Cedeno 8-31-07 239-440-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #