

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049864

FILED
May 04, 2006
Secretary of State

Entity Name: LA COLMENA LOCKSMITH, LLC

Current Principal Place of Business:

1990 BRICKELL AVE., SUITE #J
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1990 BRICKELL AVE., SUITE #J
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-2866696 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

IGLESIAS, ADOLFO E
13170 S.W. 128TH STREET, SUITE 203
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

IGLESIAS, ADOLFO E
13170 S.W. 128TH STREET
SUITE 203
MIAMI, FL 33186 US

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.

SIGNATURE: ADOLFO E IGLESIAS

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTIERREZ, JOHN
Address: 1990 BRICKELL AVE., SUITE #J
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: HENAO, ANITA
Address: 1990 BRICKELL AVE., SUITE #J
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN GUTIERREZ

MGRM

05/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date