

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90018 039 ****50.00

DOCUMENT # L05000050552

1. Entity Name
STRAIGHT AWAY, LLC



Principal Place of Business
**7531 NW 112TH PLACE
MEDLEY, FL 33178 US**

Mailing Address
**7531 NW 112TH PLACE
MEDLEY, FL 33178 US**

00052412

2. Principal Place of Business
**4500 NW 99th Court
Suite, Apt. #, etc.
#103**

3. Mailing Address
**4500 NW 99th Court
Suite, Apt. #, etc.
#103**



01102006 Chg-LLC CR2E083 (11/05)

City & State
Miami, FL
Zip
33178 Country
Dade

City & State
Miami, FL
Zip
33178 Country
Dade

4. FEI Number
342047373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, GABRIELA	
STREET ADDRESS	7531 NW 112TH PLACE	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TENORIO, LUISA	
STREET ADDRESS	7531 NW 112TH PLACE	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erika Velez	
STREET ADDRESS	4500 NW 99th Court Apt #103	
CITY-ST-ZIP	Miami, FL 33178	
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: **Erika Velez**

04/13/06 (305) 5932008

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

Date Daytime Phone #