

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050552

Entity Name: STRAIGHT AWAY, LLC

FILED  
Jun 01, 2007  
Secretary of State

**Current Principal Place of Business:**

4500 NW 99TH CRT  
103  
MEDLEY, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

4500 NW 99TH CRT  
103  
MEDLEY, FL 33178 US

**New Mailing Address:**

FEI Number: 34-2047373      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:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOSA, ISABEL  
Address: 4500 NW 99TH CRT APT 103  
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM ( ) Delete  
Name: TENORIO, LUISA  
Address: 7531 NW 112TH PLACE  
City-St-Zip: MEDLEY, FL 33178 US

**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 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: LUISA TENORIO

MS

06/01/2007

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