2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2008 8:00 am Secretary of State

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DOCU 1. Entity Nam FIRST FL				03-04-2008 9	0102 020 ***	138.75		
Principal Plac	e of Business	Mailing Address						
7740 S.W. 134TH AVE.		7740 S.W. 134TH AVE.			•	000000		
MIAMI, FL 33183		MIAMI, FL 33183			60012307			
•		•						
						 13 1 1 13 13 1		B 381 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252008	Chg-LLC	CR2E083 (12/0	6)	
City & Stat	е	City & State			4. FEI Numb			Applied For
					84-168	0625		Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	☐ \$5.00 / Fee Requ	Additional iired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Agent	
			Name	Var	nila N	leama =		
GOMARA,				10.		CUTTIOC		
	134TH AVE.		Street	daress (1	P.O. Box Numb	er is Not Acceptable)		
MIAMI, FL	33183		774	D S	SW 13	4 Aveni	ll	· .
			City	Ai W			FL 35	対める
9 The above	named entity submits this statement to	r Harmy impacts of changing its s		<u>, </u>		th in the State of Florie		th and accord
	ions of registered agent.	The purpose of changing its in	egis ped om e	ii registeri	eo agent, or oc	in, in the state of rion	ua. Tamilanimai w	и, апо ассери
-		12-					al. Ina	
SIGNATURE .	Signature, typed or printed name of registered egant						41100	
		and title if applicable. (NOIE:	Registered Agent sign?	wre required	when reinstating)		DIATE!	
	Ognature, typed or printed reality or registered agents	and title if applicable. (NOTE:	Registered Agent signa	re required	when reinstating)		DATE	
FILE	9_ 4 · **	and this if applicable. {NOTE:	Registered Agent signa	re required	when reinstating)	Make	check payable t	.
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		Registered Agent signa	re required	when reinstating)		check payable t	
After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	,		re required	when reinstating)	Florida I	Department of S	
After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	10.	<u> </u>			Department of S	tate .
After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGRM	,	10.		P.M.	Florida [ADDITIONS/C	Department of S	tate .
9. IIILE NAME	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGRM GOMARA, NILO	RS/MANAGERS	10. TITLE NAME		P.M.	Florida [ADDITIONS/C	Department of S	tate .
9. IITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM GOMARA, NILO 7740 S.W. 134TH AVE.	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MG Yam	RM IIIA Ma IO SW.	ADDITIONS/C edima 134 Avenu	HANGES Chang	tate .
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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: SIGNATURE and typed of minted name of signing managing member, manager, or authorized representative

2/1/08 (786)260 7295