2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90032 036 ****50.00

Daytime Phone #

DOCUMENT # L05000052168 1. Entity Name LA CAMICIA LLC					_	05-03-200)36 ****5().00
Principal Place of Business Mailing Address						AA9949	3		
7932 KISMET ST		-	7932 KISMET ST						
MIRAMAR, FL 33023		MIRAMAR, FL 33023							
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt. #, etc.		04302006	Chg-LLC	CR2E	083 (11/05)	
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City & State		City & State	City & State		20-2	90740	8	 	oplied For ot Applicable
Zip Country		Zip	Zip Country					\$5.00 Add	
					5. Cermicate	of Status Desired	· 🗆	Fee Require	
	6. Name and Address of Curr	ent Registered Agent	Nisses		7. Name and	Address of New	Registered	Agent	
DE LA FE,	ΜΑΡΙΔ Μ	•	Name						
7932 KISM			Street Address (P.O. Box N			er is Not Accepta	ble)		
MIRAMAR	, FL 33023	,				<u>_</u>	_		
									
		*	City				FI	Zip Cod	e
	named entity submits this statement ions of registered agent.	nt for the purpose of changing its	registered office of	r register	ed agent, or bo	th, in the State of	Florida. I an	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE	: Registered Ageni signa	tura required	(when reinstating)	<u> </u>	DATE		
Filing fee is \$50.00 Due by May 1, 2006		•				Make check payable to Florida Department of State			
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Di	ue by May 1, 2006	MBERS/MANAGERS	10. TILE	<u>-</u> -		Flori	ida Departr	nent of State	e Addition
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

4.30.06 SIGNATURE: MOIL MALL GE MANA MOLLA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE