

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000053032

1. Entity Name

CACOPHONY GROUP INVESTMENTS, LLC



FILED

Feb 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

4715 S.W. 164TH AVENUE
MIRAMAR FL 33027

Mailing Address

4715 S.W. 164TH AVENUE
MIRAMAR FL 33027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/05)

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO-PINEYRO, DISIREE B
4715 S.W. 164TH AVENUE
MIRAMAR FL 33027

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME OR INVESTMENT SERVICES, INC.
STREET ADDRESS 4715 S.W. 164TH AVENUE
CITY- ST- ZIP MIRAMAR FL 33027

TITLE ☐ Change ☐ Add
NAME 000000413532
STREET ADDRESS 02/10/06-80092-013 50.00
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME REDRUELLO INVESTMENTS, INC.
STREET ADDRESS 4715 S.W. 164TH AVENUE
CITY- ST- ZIP MIRAMAR FL 33027

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
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CITY- ST- ZIP

TITLE ☐ Change ☐ Add
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 Section 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/06

305-267-777

Date

Daytime Phone #