2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

ANNOAL REPORT					
DOCUI 1. Entity Name SUSALET		000053681		3	ecretary of Stat
Principal Plac 18956 SW 3 MIRAMAR, FI	3RD CT	Mailing Address 18956 SW 33RD CT MIRAMAR, FL 33029 US	5) 	I TOUS OND MIT SIDE IS IN THE SIDE
\$ 19 ES					
	O NOT W	RITE IN THIS SPA	ACE	01082007 No Chg-LLC 4. FEI Number	CR2E083 (11/05) Applied For
· · · —	- 1	The state of the s		20-2926313	Not Applicable
			To Marie	5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address	of Current Registered Agent	3.4.00	A STATE OF THE STA	
18956 SW), FRANCISCO K 133RD CT R, FL 33029			DO NOT W	化异性化学 化邻苯酚 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
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	named entity submits this lions of registered agent.	statement for the purpose of changing its regis	tered office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE					
. , Fi	iling Fee is \$50.00 ue by May 1, 2007			0000i 01/24/0	00598581 7-80081-012 50. 00
9.		ING MEMBERS/MANAGERS		1 1.5 1.5 1.5 1.5 1.5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTENO, FRANCIS 18956 SW 33RD CT MIRAMAR, FL 33029				
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CITY-ST-ZIP			1 300 300		
NAME STREET ADDRESS CITY-ST-ZIP		:		DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS					
CITY-ST-ZIP TITLE					

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 fue 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 fiability company of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

IGNATURE:

STREET ADDRESS

O(I)

954-3194489

Date

Daytime Phone #