

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000055988

Entity Name: CABAM 1 LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4050 SW 102 AVE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4050 SW 102 AVE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 20-3042440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARDO, CHRISTINE  
4050 SW 102 AVE  
DAVIE, FL 33328 US

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

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  
Name: PARDO, CHRISTINE  
Address: 4050 SW 102 AVE  
City-St-Zip: DAVIE, FL 33328

Title: MGRM  
Name: PARDO, ANDRES  
Address: 4050 SW 102 AVE  
City-St-Zip: DAVIE, FL 33328

Title: MGRM  
Name: PARDO, BENITA R  
Address: 1560 SW 190TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM  
Name: PARDO, MAURICIO  
Address: 1560 SW 190TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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: CHRISTINE PARDO

MGRM

01/04/2012

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