

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90043 048 ****50.00

DOCUMENT # L05000056381

1. Entity Name
BC908DH LLC



Principal Place of Business
**18206 COLLINS AVE.
SUNNY ISLES, FL 33160**

Mailing Address
**18206 COLLINS AVE.
SUNNY ISLES, FL 33160**

2. Principal Place of Business - No P.O. Box #

9577 Harding Ave.

3. Mailing Address

9577 Harding Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202007 Chg-LLC CR2E083 (12/06)

City & State

Surfside, FL

City & State

Surfside, FL

4. FEI Number

20-3006561

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLEIZER, HERNAN
18206 COLLINS AVE.
SUNNY ISLES, FL 33160**

7. Name and Address of New Registered Agent

Name **Gleizer, Hernan**

Street Address (P.O. Box Number is Not Acceptable)

9577 Harding Ave.

City **Surfside**

FL

Zip Code
33154

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DLUGLONAGA, DIEGO**
STREET ADDRESS **18206 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☐ Addition
NAME **DLuglonaga, diego**
STREET ADDRESS **9577 Harding Ave.**
CITY-ST-ZIP **Surfside, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-20-07 305-865-0977