

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057996

Entity Name: MURIEL & ASSOCIATES LLC

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

10800 BISCAYNE BLVD
420
MIAMI, FL 33161

New Principal Place of Business:

6820 LYONS TECHNOLOGY CIRCLE
150
COCONUT CREEK, FL 33073

Current Mailing Address:

10800 BISCAYNE BLVD
420
MIAMI, FL 33161

New Mailing Address:

6820 LYONS TECHNOLOGY CIRCLE
150
COCONUT CREEK, FL 33073

FEI Number: 42-1722900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, LUIS
16900 N BAY ROAD
2517
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

MURIEL, JAIME
6820 LYONS TECHNOLOGY CIRCLE
150
COCONUT CREEK, FL 33073 US

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: JAIME MURIEL

03/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURIEL, JAIME
Address: 10800 BISCAYNE BLVD SUITE 420
City-St-Zip: MIAMI, FL 33161

Title: MGR () Delete
Name: BRIER, ADRIANA
Address: 10800 BISCAYNE BLVD SUITE 420
City-St-Zip: MIAMI, FL 33161

Title: MGR () Delete
Name: GONZALEZ, LUIS
Address: 10800 BISCAYNE BLVD SUITE 420
City-St-Zip: MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURIEL, JAIME
Address: 6820 LYONS TECHNOLOGY CIR., STE 150
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GONZALEZ, LUIS
Address: 6820 LYONS TECHNOLOGY CIR., STE 150
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Change (X) Addition
Name: MURIEL, SANDRA
Address: 6820 LYONS TECHNOLOGY CIR., STE 150
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAIME MURIEL

MGRM

03/19/2007

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