

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90047 022 ****50.00

DOCUMENT # L05000059669

1. Entity Name
CC SIX INVESTMENTS, LLC



Principal Place of Business

**7231 SW 63 AVENUE
200
MIAMI, FL 33143 US**

Mailing Address

**7231 SW 63 AVENUE
200
MIAMI, FL 33143 US**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3085469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, SILVIA
6315 SW 90 COURT
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOREIRA, DOMINGO A
7231 SW 63 AVENUE, STE. 200
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOREIRA, DOMINGO R
7231 SW 63 AVENUE, STE. 200
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1-8-07

Date

305-539-3815

Daytime Phone #