2007 LIMITED LIABILITY COMPANY ANNUAL REPORT						FILED Apr 02, 2007 8:00 ar Secretary of State			
DOCUMENT # L05000061143 1. Entity Name F. MOYA I, LLC							7 90432 050 ****5	50.00	
Principal Place of BusinessMailing Address5915 PONCE DE LEON BLVD. SUITE 195915 PONCE DE LEONCORAL GABLES, FL 33146CORAL GABLES, FL 33				SUITE 19					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0306200	7 Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Nur NOT J		h	oplied For ot Applicabl		
Zip Country		Zip	Coun	itry	5. Certifica	ate of Status Desired	\$5.00 Add Fee Require	ditional	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name a	nd Address of New I			
MOYA, FR 1320 S DI) STE 1060 CORAL G/	ABLES, FL 33146				nce_De Lo 9	nber is Not Acceptab 2011 BLvd.	FL Zip Cod 331	le 46	
the obligati SIGNATURE	named entity submits this statement i ions of registered agent. Sepreture, typed or printed name of registered agen ling Fee is \$50.00 ue by May 1, 2007		an <u>k k</u>	lova	equired when reinstating)	<u>}(</u>	Arre check payable to la Department of Stat		
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOYA, FRANK 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146	Delete		E ADDRESS		e De Leon B les, FL 331	XX Change Lvd. Ste. 19 46	🔲 Additio	
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indicated	certify that the information supplied wi on this report is frue and accurate an bility company or the receiver or trust	d that my signature shall have	e toe sam	e legal effect a	ined in Chapter 1 Is if made under o Chapter 608, Florid	ath; that I am a mana	further certify that the info aging member or manage	ormation er of the	