

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L05000061407

1. Entity Name

H-PLAR REAL ESTATE INVESTMENTS, LLC



Principal Place of Business

10460 S.W. 44 TERRACE
MIAMI FL 33165

Mailing Address

10460 S.W. 44 TERRACE
MIAMI FL 33165

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-4782045

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA DEL PRADO, RAFAEL
10460 S.W. 44 TERRACE
MIAMI FL 33165

Name

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

City

FL

Zip Code

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's picture required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GARCIA DEL PRADO, RAFAEL
STREET ADDRESS 10460 S.W. 44 TERRACE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME 0000000838770
STREET ADDRESS 04/22/08-80027-021 138.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Section 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:

Rafael Garcia del Prado
RAFAEL GARCIA DEL PRADO

4-6-08

(866) 326-4614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Display Phone #