


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90235 049 ***138.75

DOCUMENT # L05000063600 1. Entity Name 32800 DEVELOPMENT COMPANY, LLC					
Principal Place of Business 32800 SW 197 AV HOMESTEAD, FL 33030			Mailing Address 2356 SW 12 ST MIAMI, FL 33135		
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 26-0123106	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALAIN LECUSAY, P.A. 28 W. FLAGLER ST. STE. 610 MIAMI, FL, FL 33130			Name Juan Carlos Escobar Street Address (P.O. Box Number is Not Acceptable) 7965 SW 164 Place City Miami FL Zip Code 33143		
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 <u><i>Juan Carlos Escobar</i></u> MGM 3/20/2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM VES ENTERPRISES, INC. 14629 SW 104 ST, #306 MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MESA, TOM 406 SW 1ST FLORIDA CITY, FL 33034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Juan Carlos Escobar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/20/2008 <small>Date</small>		786-488674 <small>Daytime Phone #</small>

0010645



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0123106 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Juan Carlos Escobar**
 Street Address (P.O. Box Number is Not Acceptable)
7965 SW 164 Place
 City **Miami** **FL** Zip Code **33143**

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 SIGNATURE *Juan Carlos Escobar* **MGM** **3/20/2008**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: *Juan Carlos Escobar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
3/20/2008 **786-488674**
Date Daytime Phone #