## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Secretary of State **DOCUMENT # L05000065810** 03-22-2006 90289 022 \*\*\*\*50.00 1. Entity Name DMAKERS LLC Mailing Address 20018751 Principal Place of Business 912 WALLACE ST 912 WALLACE ST CORAL GABLES, FL 33134 CORAL GABLES, FL. 33134 2. Principal Place of Business 3. Mailing Address 2501 BMQCEU 2501 BRICKELL Suite, Apt. #, etc. # 208 Suite, Apt. #, etc. 03102006 Chg-LLC CR2E083 (11/05) # 208 City & State Applied For City & State 4. FEI Number 20 - 3 FL MAMI Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired MAMIDADE 33129 M MMIDADE -- Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORTES, JAVIER A Street Address (P.O. Box Number is Not Acceptable) 912 WALLACE ST CORAL GABLES, FL 33134 NO. 208 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 signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE Change Addition CORTES, JAVIER A NAME NAME 2501 BRICKELL AVE #208 912 WALLACE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete MICELI, BEATRIZ NAME 2501 BRICKELL AUE 912 WALLACE ST STREET ADDRESS STREET ADDRESS MIAMI FL 32129 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete DILE TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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. limited liability company or

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TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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STREET ADDRESS

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TITLE

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Addition

Addition

FILED Mar 22, 2006 8:00 am