2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000066934

1. Entity Name
LORAMUR LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
275 HARBOR DRIVE KEY BISCAYNE, FL 33149	275 HARBOR DRIVE KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

04052008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3121497	Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ-MURIAS, JORGE
275 HARBOR DRIVE
KEY BISCAYNE, FL 33149

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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
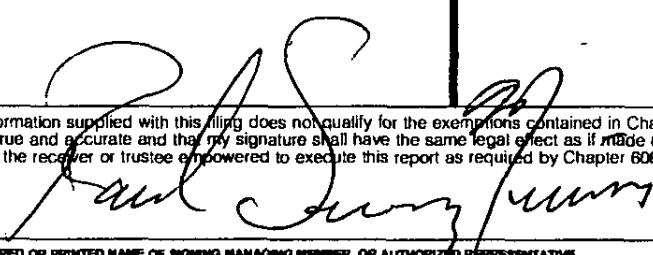
FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000916036
05/12/08-80012-016 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	SUAREZ-MURIAS, RAUL	
STREET ADDRESS	5045 SW 65 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	MGRM	
NAME	SUAREZ-MURIAS, VICTORIA	
STREET ADDRESS	5045 SW 65 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____ 4-5-08 786 268 1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #