

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071767

Entity Name: LE CHAMPU, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

13858 S.W. 56 STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13858 S.W. 56 STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-3259727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PORTO, JUANA E
13858 S.W. 56 STREET
MIAMI, FL 33175 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORTO, JUANA E
Address: 13858 S.W. 56 STREET
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MARTINEZ, ELSA
Address: 3148 SW 16 STREET
City-St-Zip: MIAMI, FL 33145

Title: MGRM () Change (X) Addition
Name: PUJOL, ELLEN
Address: 13858 SW 56 STREET
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUANA E PORTO

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date