

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90107 001 ***600.00

DOCUMENT # L05000076181

1. Entity Name
P.C. 707, LLC



Principal Place of Business
9737 NW 41ST STREET, #615
MIAMI, FL 33178-2924

Mailing Address
9737 NW 41ST STREET, #615
MIAMI, FL 33178-2924

30004234



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

55-0903246

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET, C-201
DORAL, FL 33172

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 signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FONSECA, JUAN CARLOS
STREET ADDRESS 10556 NW 26TH STREET #615
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGRM ☒ Change ☐ Addition
NAME Fonseca, Juan Carlos
STREET ADDRESS 10556 NW 26 ST. - D101
CITY-ST-ZIP Doral, FL 33172

TITLE MGRM ☐ Delete
NAME COLMENARES, ELENA BETZAIDA
STREET ADDRESS 10556 NW 26TH STREET #615
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGRM ☒ Change ☐ Addition
NAME Colmenares, Betzaida Elena
STREET ADDRESS 10556 NW 26 St. - D101
CITY-ST-ZIP Doral, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 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:

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

03/31/06 (305) 699 8191

Date

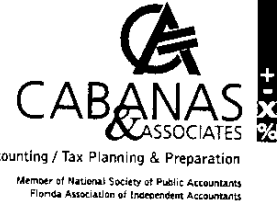
Daytime Phone #

Joseph F. Cabanas

ATTACHMENT

30004234

L05000076181



April 1, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

RE: 2006 ANNUAL REPORTS

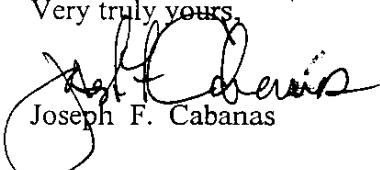
Gentlemen:

Please find attached hereto our check No. 5589 for \$600.00 to cover the renewal fees for the following LLC's:

P.C. 309, LLC
EDUVAL, LLC
DIVIAN UNO, LLC
DIVIAN DOS, LLC
COSTAMAR SOLE, LLC
P.C. 707, LLC
INVERSIONES CABRAL, LLC
SUCURUSOS PC 1517, LLC
SCATTOLINI ENTERPRISES, LLC
SAVONA INVESTMENT, LLC
SAN REMO 17 INVESTMENT, LLC
ALBISOLA INVESTMENT, LLC

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosures