

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000077989

1. Entity Name
CAICEDO DESIGN & DEVELOPMENT, LLC



Principal Place of Business
963 NW 89TH AVENUE
PLANTATION, FL 33324 US

Mailing Address
963 NW 89TH AVENUE
PLANTATION, FL 33324 US

FILED
Sep 09, 2008 08:00 AM
Secretary of State



07292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4788620

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAICEDO, LINETTE
963 NW 89TH AVENUE
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CAICEDO, LINETTE
STREET ADDRESS	963 NW 89TH AVENUE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGR
NAME	CAICEDO, ROBERT
STREET ADDRESS	963 NW 89TH AVENUE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000359220
09/09/08-80002-007 538.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/4-08 954-471-0722