## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079924

Entity Name: RAMOS FALLA, L.L.C.

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15970 W STATE RD 3705 SW 27TH ST 722

# 235

SUNRISE, FL 33326 GAINESVILLE, FL 32608

**Current Mailing Address: New Mailing Address:** 

15970 W STATE RD 3705 SW 27TH ST

# 235 SUNRISE, FL 33326 GAINESVILLE, FL 32608

FEI Number: 20-3311660 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VARGAS, MONICA VARGAS, MONICA 214 LA COSTA CT 3705 SW 27TH ST.

WESTON, FL 33326 US GAINESVILLE, FL 32608 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: MONICA VARGAS 04/29/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete

VARGAS, MONICA VARGAS, MONICA Name: Name: Address: 214 LA COSTA CT Address: 3705 SW 27TH ST. City-St-Zip: WESTON, FL 33326 City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: VARGAS, SANTIAGO Name: VARGAS, SANTIAGO

Address: 214 LA COSTA CT Address: 3705 SW 27TH ST. City-St-Zip: WESTON, FL 33326 City-St-Zip: GAINESVILLE, FL 32608

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: MONICA VARGAS **MGRM** 04/29/2008