2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 08:00 A
Secretary of State

					Secre	etary of Sta
DOCU 1. Entity Nar	MENT # L050000		Societally of Qua			
	HINERY, LLC					
				Thereach		
Principal Plac	ce of Business	Mailing Address	1	1	⁻ · .	
3875 N.W.		3875 N.W. 132 ST.	-			
OPA LOCKA,	, FL 33054	OPA LOCKA, FL 33054				
	<u> </u>					
		A Comment of the Comm				
				01082007 No Chg-LLC	CR21	E083 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number		Applied For
				20-3467423		Not Applicable
				5. Certificate of Status De	sired [\$5.00 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent				i en i redoited
DODDIO	ET DIOLODO!	ar a superior of the superior	7			
RODRIGUEZ, RICARDO L 3875 NW 132 ST				DO NOT	WRIT	
OPA LOCKA, FL 33054				IN THIC	CDACI	-
				IN THIS	SPACE	144
 The above the obligation 	e named entity submits this statement tions of registered agent.	nt for the purpose of changing its registe	red office or registe	red agent, or both, in the Stat	e of Florida. I am	familiar with, and accept
•	•					
SIGNATURE.	Signature, typed or p1-sted name of registered a	gent and title if applicable (NOTE Register	ed Agent signalure require		. S DATE	
_			*		100068127	
D	iling Fee is \$50.00 ue by May 1, 2007			194/114/	/U1~8UU31	-010 50.00
9.	MANAGING MEI	MBERS/MANAGERS	T			1,21,21
TITLE	MGR		7	•	•	
NAME	RODRIGUEZ, RICARDO L					
STREET ADDRESS CITY-ST-ZIP	3875 NW 132ND ST OPA LOCKA, FL 33054		1			
	OFA LOUNA, FE 33034					
TITLE NAME		•				
STREET ADDRESS						
CITY-ST-78P						

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: Total Control

TITLE
NAME
STREET ADDRESS

TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

CITY-ST-ZIP

1-9-07

(786) 229-320