

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000086845

1. Entity Name
VALDEALCALA LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 23 AM 8:54

Principal Place of Business
848 BRICKELL AVENUE, SUITE 830
MIAMI FL 33131

Mailing Address
848 BRICKELL AVENUE, SUITE 830
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0332101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MIGUEL A ESO
MARTIN & ASSOCIATES, P.A.
848 BRICKELL AVENUE, SUITE 830
MIAMI FL 33131

Name

RENEE ADWAR, ESQ., RENEE ADWAR, P.A.

Street Address (P.O. Box Number is Not Acceptable)

848 BRICKELL AVENUE, SUITE 830

City

MIAMI

FL

Zip Code
33131

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
RIVERA, JOSE
380 HEATHER LN
KEY BISCAYNE FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000075094410
05/23/06--01030--007 **200.00

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

J. Rivera

Jose Rivera

4/24/06

(305)374-4422

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

Date

Daytime Phone #