


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90138 043 ***138.75

DOCUMENT # L05000089458

1. Entity Name
TAMIAMI MA & D, LLC



Principal Place of Business
 22290 SW 162 AVE.
 GOULDS, FL 33170

Mailing Address
 9370 SW 98TH ST
 MIAMI, FL 33176

60019858



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
 20-3553806

Applied For
 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

ARAZOZA & FERNANDEZ-FRAGA, P.A.
 2100 SALZEDO STREET SUITE 300
 CORAL GABLES, FL 33134

Name
Alberto J. Suarez

Street Address (P.O. Box Number is Not Acceptable)
22290 S.W. 162 Avenue

City **Miami** FL Zip Code **33170**

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  DATE **4/1/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR Delete
 NAME COSTA SUAREZ, MARGARITA
 STREET ADDRESS 22290 SW 162 AVE.
 CITY-ST-ZIP GOULDS, FL 33170

TITLE MGR Change Addition
 NAME Suarez, Alberto J.
 STREET ADDRESS 22290 S.W. 162 Avenue
 CITY-ST-ZIP Miami, FL 33170

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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:  **Alberto J. Suarez** Date **4/1/08** Daytime Phone # **305-247-5135**

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