

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2008 8:00 am
Secretary of State

05-02-2008 90024 001 ***143.75

DOCUMENT # L05000091271 1. Entity Name FIRST PROFESSIONAL OFFICE, LLC	
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Principal Place of Business 15476 NW 77 COURT N #707 MIAMI LAKES, FL 33016	Mailing Address 15476 NW 77 COURT N #707 MIAMI LAKES, FL 33016
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30010258



DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4390246	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, OSCAR
16719 SW 54 CT
MIRAMAR, FL 33027

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELGADO BROTHERS REAL ESTATE DEV. INC 15476 NW 77 CT #707 MIAMI LAKES, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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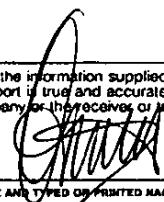
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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:  **OSCAR J. DELGADO** **6/10/08** **305 928 4070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #