2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000101663

1. Entity Name
CIELO IN THE GROVE, LLC

FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
3390 MARY STREET SPACE 144 COCONUT GROVE, FL 33133 US	2911 GRAND AVENUE SUITE 4-B COCONUT GROVE, FL 33133 US

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01042007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-3647954	Applied For Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, MATT D
2911 GRAND AVENUE
SUITE 4-B
COCONUT GROVE, FL 33133

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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

Filing Fee is $50.00
Due by May 1, 2007

U00000609349
02/01/07-80046-014 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GOLDMAN, MATT D
STREET ADDRESS	2911 GRAND AVENUE, SUITE 4-B
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	SANCHEZ, ANGEL
STREET ADDRESS	2911 GRAND AVENUE, SUITE 4-B
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Matt D Goldman_ MATT GOLDMAN   1-25-07   (305)445-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #