


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000102532		
1. Entity Name LADY ANDINA LLC		

FILED
08 JUN 16 PM 1:15


TALLAHASSEE, FLORIDA



06162008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 3835 EAST MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312		Mailing Address 3835 EAST MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 2588 Ulysses Rd. Suite, Apt. #, etc.		3. Mailing Address 2588 Ulysses Rd. Suite, Apt. #, etc.	
City & State Tallahassee, FL 32312 Zip 32312 Country Leon		City & State Tallahassee, FL 32312 Zip 32312 Country Leon	

4. FEI Number 20-3413956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, A. KENNETH 1615 VILLAGE SQUARE BOULEVARD, SUITE 7 TALLAHASSEE, FL 32309-2769 		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

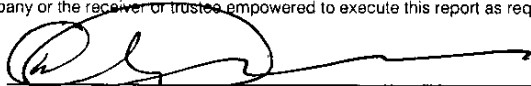
**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIS, CLAUDIA 3835 EAST MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400131507234 06/19/08--01040--015 ***138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  6-16-08 (850)907-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #