

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90137 044 ***138.75

DOCUMENT # L05000106852 1. Entity Name RAMALLO ENTERPRISES, LLC	
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Principal Place of Business 1614 MOUMOUTH LANE KEY LARGO FL 33037 US	Mailing Address 1614 MOUMOUTH LANE KEY LARGO FL 33037 US
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2. Principal Place of Business - No P.O. Box # 1614 MOUMOUTH LANE Suite, Apt. #, etc.	3. Mailing Address 13175 S.W. 22ND ST. Suite, Apt. #, etc.
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City & State KEY LARGO FL 33037 Zip 33037 Country FLA.	City & State MIAMI, FLA Zip 33175 Country U.S.A.
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4. FEI Number 20-3521630	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMALLO, ROMAN 1614 MOUMOUTH LANE KEY LARGO FL 33037

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's signature required when resigning) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMALLO, ROMAN 1614 MOUMOUTH LANE KEY LARGO FL 33037 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIERRA, FELIPE 1614 MOUMOUTH LANE KEY LARGO FL 33037 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMALLO, JORGE 541 SW 125TH AVENUE MIAMI FL 33184 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LA FE, GUSTAVO 1614 MOUMOUTH LANE KEY LARGO FL 33037 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: ROMAN RAMALLO Roman Ramallo 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date