


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90227 023 ***143.75

DOCUMENT # L05000109935

1. Entity Name
VIRGUEZ IMPROVEMENT SERVICES, LLC



Principal Place of Business
 18749 SW 28 STREET
 MIRAMAR, FL 33029

Mailing Address
 18749 SW 28 STREET
 MIRAMAR, FL 33029

00022060

2. Principal Place of Business - No P.O. Box #
18778 SW 28 ST
 Suite, Apt. #, etc.

3. Mailing Address
4797 SW 183 AVE
 Suite, Apt. #, etc.



04112008 Chg-LLC CR2E083 (12/06)

City & State
MIRAMAR FL.

City & State
MIRAMAR FL.

Zip
33029 Country

Zip
33029 Country

4. FEI Number
20-3785681

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VIRGUEZ, JUAN A
18749 SW 28 STREET
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent
 Name **Virquez Juan Arturo**
 Street Address (P.O. Box Number is Not Acceptable)
18778 SW 28 ST
 City **Miramar** **FL** Zip Code **33029**

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 **04-10-08**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRGUEZ, JUAN A 18749 SW 28 STREET MIRAMAR, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRGUEZ, JAIME E 18749 SW 28 STREET MIRAMAR, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRGUEZ JUAN ARTURO 18778 SW 28 ST Miramar FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRGUEZ JAIME ENRIQUE 18778 SW 28 ST Miramar FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **JUAN ARTURO VIRQUEZ** **04-10-08** **9543943483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #