

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000109977

1. Entity Name
FALALU ENTERPRISES, L.L.C.



Principal Place of Business
16063 S.W. 99TH LANE
MIAMI, FL 33196

Mailing Address
16063 S.W. 99TH LANE
MIAMI, FL 33196

FILED
Jul 16, 2008 08:00 AM
Secretary of State



05082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
43-2093446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEBLES, IGNACIO
16063 S.W. 99TH LANE
MIAMI, FL 33196

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FEBLES, IGNACIO
16063 S.W. 99TH LANE
MIAMI, FL 33196

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000955168
07/16/08-80005-018 138.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/14/08