FILED May 17, 2007 8:00 am Secretary of State 05-17-2007 90173 032 ****50.00

2007 LIMITED LI ANNUA	Secreta	ry of	State		
DOCUMENT # L0500011 1. Entity Name LAW OFFICE OF GONZALEZ AND		05-17-2007 9	0173 032 **	**50.00	
Principal Place of Business	Mailing Address		40.		
10850 SW 113 PLACE, STE. 214 MIAMI, FL 33176	10850 SW 113 PLACE, STE. MIAMI, FL 33176	214			
2. Principal Place of Bysiness - No P.O. Box # 5999 BIS COUNT BINC	3. Mailing Address 5,999 B1	Scarpe Bl			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		05142007 Chg-LLC	CR2E083 (1	2/06)
City & State FL	City & State . PC		4. FEI Number 20-3789954	-	Applied Fo
zip 33137 Country J 5A	11111////	ountry JSA	Certificate of Status Desired		Not Applied Additional Required

2. Principal P		ness - No P.O. Box #	3. Mailing Address 5999	Biscayn	Blod							
Suite, Apt.	/ 🗸	100	Suite, Apt. #, etc.		05142007	Chg-LLC	CR2E083	(12/06)				
City & Stat		FL-	City & State -	FC	4. FEI Number 20-3789				olied For Applicable			
Zip 33	137	Country USA	^{Zip} 33/37	Country USA		of Status Desired		.00 Addi	tional			
	6. Name	and Address of Curren	t Registered Agent		7. Name and	Address of New F	Registered Age	nt _				
GONZALEZ, NEIL					Name NEIL 60NZARZ Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL		CE, STE. 214					",	_/				
, , , , , , , , , , , , , , , , , , ,	/	()		4	5999 BISCONNO BLUD							
3 _	_ /i/			City	MIAN	n	FL	Zip Code	3/37			
8. The above named dutity subjects his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Vem familiar with, and accept the obligations of registered gent.												
SIGNATURE	Signifure, tyles	priparty name of registered agei	nt and title if applicable. (NC	TE: Registered Agent signature re	equired when reinstating)	<u> </u>	9/0/ DATE					
Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State												
9.	·	MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS	/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALI 10850 SV MIAMI, FI	V 113 PLACE, STE. 2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5999 B MIAM	iscayn		Change	☐ Addition			
TITLE	IVII/AIVII, 1 I		☐ Delete	TITLE	101117001			Change	Addition			
NAME	ì			NAME			-	,				
STREET ADDRESS				STREET ADDRESS								
CITY-ST-ZIP			<u> </u>	CITY-ST-ZIP	 -	. <u> </u>						
TITLE			Delete	TITLE] Change	☐ Addition			
NAME				NAME STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP	}			CITY-ST-ZIP								
TITLE	1		☐ Defete	TITLE	-			Change	Addition			
NAME				NAME			_	J ************************************				
STREET ADDRESS				STREET ADDRESS								
CITY-ST-ZIP				CITY-ST-ZIP								
TITLE			☐ Delete	TITLE] Change	☐ Addition			
NAME				NAME .								
CEDEEL YOUGEGG				STREET ANDRESS								
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP								
			☐ Delete		<u>, .</u>			Change	Addition			
CITY-ST-ZIP			☐ Delete	CITY-ST-ZIP				Change	Addition			
CITY-ST-ZIP			☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS] Change	Addition			
CITY-ST-ZIP TITLE NAME			☐ Delete	CITY-ST-ZIP TITLE NAME	singlis Change 40				Addition			

I hereby certify that the information supplied with this filling-does not addity 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 receipted or plastiff emotivated that the report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #