


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90048 008 \*\*\*138.75

<b>DOCUMENT # L05000110537</b>	
1. Entity Name <b>PENSA GROUP, LLC</b>	

Principal Place of Business <b>7330 WEST 20TH AVENUE HIALEAH, FL 33016</b>	Mailing Address <b>7330 WEST 20TH AVENUE HIALEAH, FL 33016</b>
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**60030343**

2. Principal Place of Business - No P.O. Box # <b>6843 Main Street</b>	3. Mailing Address <b>6843 Main Street</b>
Suite, Apt. #, etc. <b>302</b>	Suite, Apt. #, etc. <b>302</b>



04182008 Chg-LLC CR2E083 (12/06)

City & State <b>Miami Lakes, FL.</b>	City & State <b>Miami Lakes, FL.</b>
Zip <b>33014</b>	Country <b>USA</b>

4. FEI Number <b>20-3787248</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>COSTA, REINALDO 7330 WEST 20TH AVENUE HIALEAH, FL 33016</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COSTA, REINALDO 7330 WEST 20TH AVENUE HIALEAH, FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COSTA, REINALDO 6843 MAIN STREET MIAMI LAKES, FL. 33014</b> <input checked="" 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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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:**  **4/18/08 305 5784090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #