


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/17

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-17-2007 90008 001 ****50.00

DOCUMENT # L05000114194			
1. Entity Name LUIS CHEAS, LLC			
Principal Place of Business 20897 NW 21 STREET PEMBROKE PINES, FL 33029 US		Mailing Address 20897 NW 21 STREET PEMBROKE PINES, FL 33029 US	
2. Principal Place of Business - No P.O. Box # 19441 NW 5th St. Suite, Apt. #, etc.		3. Mailing Address 19441 NW 5th St. Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029		Zip 33029	
Country USA		Country USA	
4. FEI Number 20-3851754		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CHEAS, LUIS 20897 NW 21 STREET PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name: CHEAS, LUIS Street Address (P.O. Box Number is Not Acceptable): 19441 NW 5th St. City: Pembroke Pines, 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: <i>Luis E. Cheas</i> DATE: 01/09/07 <small>(Signature, typed address of current registered agent and fee if applicable. (NOTE: Registered Agent signature required when remaining))</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEAS, LUIS 20897 NW 21 STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cheas, Luis 19441 NW 5th St. Pembroke Pines, FL 33029 <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: <i>Luis E. Cheas</i> DATE: 01/09/07 <small>(Signature and typed or printed name of existing managing member, manager, or authorized representative. Date Daytime Phone #)</small>			