2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000116306

1. Entity Name
EKLESIA INVESTMENTS, LLC

FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
7940 DUNSTABLE CIRCLE ORLANDO, FL 32817	7940 DUNSTABLE CIRCLE ORLANDO, FL 32817

08252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3883007
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZURITA, RAMIRO G
7940 DUNSTABLE CIRCLE
ORLANDO, FL 32817

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 _____ DATE
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
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	MGRM
NAME	ZURITA, RAMIRO G
STREET ADDRESS	7940 DUNSTABLE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	MGRM
NAME	ZURITA, RODRIGO
STREET ADDRESS	2740 THORNCREEK LANE
CITY-ST-ZIP	FT. WORTH, TX 76177
TITLE	MGRM
NAME	ZURITA, BRENDA
STREET ADDRESS	2740 THORNCREEK LANE
CITY-ST-ZIP	FT. WORTH, TX 76177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959355
09/09/08-80006-023 138.75

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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: _____ 8-29-08 407-5926461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #