

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000118827

1. Entity Name

VIGO ENTERPRISES, LLC



Principal Place of Business

12950 NW 107 CT
MIAMI FL 33178

Mailing Address

12950 NW 107 CT
MIAMI FL 33178



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4514244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOS, JOSE
12950 NW 107 CT
MIAMI FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME RIOS, JOSE
STREET ADDRESS 11340 NW 68 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Change ☐ Addition
NAME 000000943702
STREET ADDRESS 05/29/08-80070-019 138.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RIOS, LUCY
STREET ADDRESS 11340 NW 68 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME GONZALEZ, JUAN M
STREET ADDRESS 11336 NW 66 ST
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME GARCIA, MARIA T
STREET ADDRESS 11336 NW 66 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/08 5932028