

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119464

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Entity Name:** CAR-DEL MANAGEMENT, LLC

**Current Principal Place of Business:**

764 SW 159 LANE  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

764 SW 159 LANE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 56-2550777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, CARLOS  
764 SW 159 LANE  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOPEZ, CARLOS  
Address: 764 SW 159 LANE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete  
Name: CAMPANA, DELFIN  
Address: 8475 MENTEITH TERR  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS LOPEZ

MGR

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date