

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000121125

1. Entity Name  
8320 SCHOOLHOUSE, LLC



Principal Place of Business  
417 E. SHERIDAN STREET  
SUITE 129  
DANIA BEACH, FL 33004

Mailing Address  
417 E. SHERIDAN STREET  
SUITE 129  
DANIA BEACH, FL 33004



01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4092515

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SAGE SOLUTIONS, INC.  
417 E. SHERIDAN STREET  
SUITE 129  
DANIA BEACH, FL 33004

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME DEL VALLE, MILLY  
STREET ADDRESS 417 E. SHERIDAN STREET, SUITE 129  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE MGR  
NAME ECHEVARRIA, DANIEL  
STREET ADDRESS 417 E. SHERIDAN STREET, SUITE 129  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000610364  
02/02/07-80017-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MILLY DEL VALLE 1/26/07 9549277185