

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121842

FILED
Apr 29, 2008
Secretary of State

Entity Name: MGA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

8245 SW 145 STREET
MIAMI, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

8245 SW 145 STREET
MIAMI, FL 33158 US

New Mailing Address:

901 PONCE DE LEON
304
CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSIO, EDUARDO
901 PONCE DE LEON BLVD
304
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: COSIO, ROBERTO R
Address: 8245 SW 145 STREET
City-St-Zip: MAIMI, FL 33158 US

Title: MGMR () Delete
Name: COSIO, ALINA
Address: 8245 SW 145 STREET
City-St-Zip: MIAMI, FL 33158 US

Title: MGRM () Delete
Name: COSIO, J RAUL
Address: 12310 SW 93 COURT
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: COSIO, MARIA F
Address: 12310 SW 93 COURT
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: COSIO, EDUARDO
Address: 8050 SW 53RD COURT
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: COSIO, GRACE
Address: 8050 SW 53RD COURT
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES:

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

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

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

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

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: EDUARDO COSIO

MGRM

04/29/2008

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