

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000000215

1. Entity Name
CUBRASA WEST COAST LLC



Principal Place of Business
4300 SW 74TH AVENUE
MIAMI, FL 33155

Mailing Address
4300 SW 74TH AVENUE
MIAMI, FL 33155



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4591799

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, FRANCISCO O
9815 NW 117TH WAY
MEDLEY, FL 33178

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DIAS, BERNARDO C
4300 SW 74TH AVENUE
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CRUZ, FRANCISCO O
9815 NW 117TH WAY
MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CANCIO, JOSE A
4300 SW 74TH AVENUE
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000787825
01/18/08-80015-006-138.75

**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 #

1/11/08 320-824-1318