

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90255 019 ****55.00

DOCUMENT # L06000003223

1. Entity Name
BADEQ LLC.



Principal Place of Business
**2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134**

60047982



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

84-1701842

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134**

Name

PRATS FERNANDEZ & COMPANY, P.A.

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

2121 Ponce de Leon Blvd., Suite 240

City

Coral Gables, FL 33134

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

Francisco J. Fernandez

4/30/07

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOPEZ-QUILES, FERNANDO
2121 PONCE DE LEON BLVD STE 240
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOPEZ LAOSA, JOAQUIN
2121 PONCE DE LEON BLVD STE 240
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Fernando Lopez Quiles
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/07

305-444-8332

DATE

DAYTIME PHONE #