

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

03-13-2007 90118 021 ****50.00

DOCUMENT # L06000003394

1. Entity Name
LUNA CAFFE AT BISCAYNE, LLC



Principal Place of Business
**4770 BISCAYNE BLVD.
SUITE #680
MIAMI, FL 33137**

Mailing Address
**4770 BISCAYNE BLVD.
SUITE #680
MIAMI, FL 33137**

30011435



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-9093423

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

**AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134**

Name

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

City

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, 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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BILLANTE, THOMAS N
3383 DOVECOTE MEADOW LANE
DAVIE, FL 33328** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BILLANTE, THOMAS
110 CAMDEN DR.
BAL HARBOR, FL 33154** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
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:

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

Date

Daytime Phone #

03/01/07 **305** **576-1616**

ATTACHMENT

30011435

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

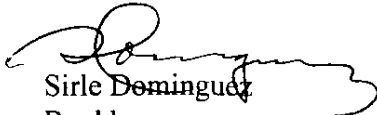
To Whom It May Concern:

Enclosed 2007 Annual Report form with FEI. Number.

I would to let you know that we did not receive any notice regarding missing FEI in the original form that we submitted March 01, 2007.

I hope the filing of this report will be completed as soon as possible.

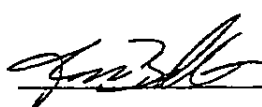
Thank you for your help.



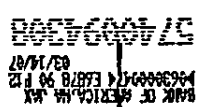
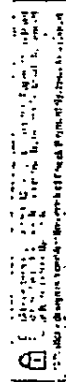
Sirle Dominguez
Bookkeeper
305-516-1616

ATTACHMENT
30011435

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LUNA CAFFE AT BISCAYNE OPERATING ACCOUNT 4770 BISCAYNE BLVD., SUITE 10 MIAMI, FL 33137		TOTALBANK MIAMI, FL 33125 63-915660	60023280	1536
PAY TO THE ORDER OF <u>Florida Department of State</u>		\$ **50.00		
Fifty and 00/100		DOLLARS		
Florida Department of State P.O. Box 6478 Tallahassee, FL 32314				
MEMO				

CK #:1536 for \$50.00 on 03/15/2007

ENDORSE HERE X	DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT. # 1008088788 MAR 13 2007 DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE	2003 91943	 BANK OF AMERICA, N.A. 03/14/07 0631243092 03152007 0630-0019-9 ENT-2134 TRC-2115 PK-04	
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CK #:1536 for \$50.00 on 03/15/2007