2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# L06000004674

Entity Name: LUIS & FERNANDEZ, LLC

Current Principal Place of Business:

16496 S.W. 56TH TERRACE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

16496 S.W. 56TH TERRACE
MIAMI, FL 33193

New Mailing Address:

FEI Number: 72-1610681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUIS, PEDRO J
16496 S.W. 56TH TERRACE
MIAMI, FL 33193 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:	LUIS, PEDRO J	
Address:	16496 S.W. 56TH TERRACE	
City-St-Zip:	MIAMI, FL 33193	
Title:	MGRM	( ) Delete
Name:	LUIS, LOURDES M	
Address:	16495 S.W. 56TH TERRACE	
City-St-Zip:	MIAMI, FL 33193	
Title:	MGRM	( ) Delete
Name:	FERNANDEZ, KARIM	
Address:	4234 S.W. 161ST PLACE	
City-St-Zip:	MIAMI, FL 33185	

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:	

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: PEDRO J. LUIS MGRM 09/02/2008

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