

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90075 044 ***138.75

60008833



02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number **98-0481818** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENOZILLO, JACOBO
400 LESLIE DRIVE
802
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name **ISAAC MATZ PA**
Street Address (P.O. Box Number is Not Acceptable)
2742 BISCAYNE BLVD
City **MIAMI** FL Zip Code **33137**

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 **JAY BORSKY** 2-13-08
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENOZILLO, JACOBO PO BOX 790 HALLANDALE, FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENOZILLO, ISRAEL PO BOX 790 HALLANDALE, FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENOZILLO, EDUARDO PO BOX 790 HALLANDALE, FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JACOBO BENOZILLO**

2-13-08

305-573-6640

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

Date

Daytime Phone #