

Sent By: ALBOLAW;

3054446180;

Feb

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90199 003 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000010207

1. Entity Name
GABRAL, LLC



60016698

Principal Place of Business
**901 PONCE DE LEON BLVD.
 SUITE 603
 CORAL GABLES, FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD.
 SUITE 603
 CORAL GABLES, FL 33134**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007 Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

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

**ALBORNOZ, WILLIAM H
 901 PONCE DE LEON BLVD.
 SUITE 603
 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 releasing)

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

**MGR
 HENAO, ALVARO JOSE
 901 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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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

02/13/2007

Date

(954) 5142596

Daytime Phone #