

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90352 020 ****50.00

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DOCUMENT # L06000012669 1. Entity Name ACCELL.LLC					
Principal Place of Business 9187 FONTAINEBLEAU BLVD 5 MIAMI, FL 33172			Mailing Address 9187 FONTAINEBLEAU BLVD 5 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 9618 FONTAINEBLEAU BLVD		3. Mailing Address 9618 FONTAINEBLEAU BLVD			
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc. MIAMI			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-4281164	
Zip 33172		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BETANCUR, CARLOS M 9187 FONTAINEBLEAU BLVD 5 MIAMI, FLORIDA, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 RIOS, LUIS E 9187 FONTAINEBLEAU BLVD #5 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOS, LUIS E 9618 FONTAINEBLEAU BLVD MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 04-30-2007 Daytime Phone # 305-2276136		