2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90206 001 ****50.00
02-05-2007 90206 002 *****5.00

DOCUMENT # L06000016455

1. Entity Name
LARZEV, LLC

Principal Place of Business
19332 E. COUNTRY CLUB DR.
AVENTURA, FL 33180

Mailing Address
19332 E. COUNTRY CLUB DR.
AVENTURA, FL 33180

01292007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3300 NE 192nd st	3300 NE 192nd st
Suite, Apt. #, etc. #801	Suite, Apt. #, etc. #801
City & State Aventura FL	City & State Aventura, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. FEI Number 20-4379761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ZEVALLOS, CRISTINA M
19332 E. COUNTRY CLUB DR.
AVENTURA, FL 33180

7. Name and Address of New Registered Agent
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] Jose A Larrea / Cristina Zevallos, [signature] DATE 1/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ZEVALLOS, CRISTINA M 19332 E. COUNTRY CLUB DR. AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3300 NE 192nd st. #801 Aventura, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LARREA, JOSE A 19332 E. COUNTRY CLUB DR. AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3300 NE 192nd. st. #801 Aventura, FL 33180	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / 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] Jose A Larrea / Cristina Zevallos [signature] 1/31/07 / 3059361978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #