

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L06000017657**

1. Entity Name  
**MICHELLE FAMILY, LLC**



Principal Place of Business  
**8672 SW 40TH ST., STE. 203  
MIAMI, FL 33155**

Mailing Address  
**8672 SW 40TH ST., STE. 203  
MIAMI, FL 33155**



04012008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4326912**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, AMANDA  
8672 SW 40TH ST., STE. 203  
MIAMI, FL 33155**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**U000000927657  
05/20/08-80116-006 138.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, FRANK 8672 SW 40TH ST., STE. 203 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, GUSTAVO 8672 SW 40TH ST., STE. 203 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, JULIE 8672 SW 40TH ST., STE. 203 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Julie Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/08 305-229-8722  
Date Daytime Phone