## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000020606

Entity Name: FLAS, LLC

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2926 SW, 35 AVENUE 8185 NW 7 ST MIAMI, FL 33133 **APTO 511** MIAMI, FL 33126 US **Current Mailing Address: New Mailing Address:** 8185 NW 7 ST 2926 SW, 35 AVENUE **APTO 511** MIAMI, FL 33133 MIAMI, FL 33126 US FEI Number: 51-0587572 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AVILES, FRANCYS AVILES, FRANCYS 2926 SW, 35 AVENUE 8185 NW 7 ST **APTO 511** MIAMI, FL 33133 MIAMI, FL 33126 US 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. SIGNATURE: FRANCYS AVILES 04/24/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change ( ) Addition AVILES, FRANCYS AVILES, FRANCYS Name: Name: 2926 SW, 35 AVENUE Address: 8185 NW 7 ST APTO 511 Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip: MIAMI, FL 33126 US Title: Title: MGR ( ) Change (X) Addition ( ) Delete AVILES, FRANCYS Name: Name: Address: Address: 8185 NW 7 ST APTO 511 City-St-Zip: City-St-Zip: MIAMI, FL 33126 Title: () Delete Title: MGR ( ) Change (X) Addition AVILES, FRANCYS Name: Name: 8185 NW 7 ST APTO 51 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33126 ( ) Change (X) Addition Title: () Delete Title: MGR Name: Name: AVILES, FRANCYS 8185 NW 7 ST APTO 511 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33126 Title: () Delete Title: MGR ( ) Change (X) Addition AVILES, FRANCYS Name: Name: 8185 NW 7 ST APTO 511 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33126

AVILES, FRANCYS

8185 NW 7 ST APTO 511 MAIMI, FL 33126

( ) Change (X) Addition

SIGNATURE: FRANCYS AVILES MGR 04/24/2007