

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022945

Entity Name: MI MARANDA LLC

FILED  
Jan 23, 2007  
Secretary of State

**Current Principal Place of Business:**

605 OAKPOINT CIRCLE  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

1623 HARDING PK.  
BRONX, NY 10473

**New Mailing Address:**

605 OAKPOINT CIRCLE  
DAVENPORT, FL 33837

FEI Number: 20-4445070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMALLBIZ AGENTS, LLC  
4244 W. TENNESSEE ST.  
#185  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CUEVAS, RALPH A  
Address: 1623 HARDING PK  
City-St-Zip: BRONX, NY 10473

Title: MGRM ( ) Delete  
Name: CUEVAS, MADELENE E  
Address: 1623 HARDING PK  
City-St-Zip: BRONX, NY 10473

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CUEVAS, RALPH A  
Address: 605 OAKPOINT CIRCLE  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM (X) Change ( ) Addition  
Name: CUEVAS, MADELENE E  
Address: 605 OAKPOINT CIRCLE  
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RALPH CUEVAS

MNGR

01/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date