

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 001 ****50.00

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01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4468221** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUPAIOLE, MICHEAL
3817 COELEBS AVE.
BOYNTON BEACH, FL 33436

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]* 2-14-07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CUPAIOLE, MICHAEL ☐ Delete
STREET ADDRESS 320 N. CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGRM
NAME CUPAIOLE, KATHLEEN ☐ Delete
STREET ADDRESS 320 N. CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Bravo, Vladimir ☐ Change ☒ Addition
STREET ADDRESS 2902 NW 40 ST
CITY-ST-ZIP Miami FL 33142

TITLE VP
NAME Munoz, Oscar ☐ Change ☒ Addition
STREET ADDRESS 1980 NW 47th Ave
CITY-ST-ZIP Boca Raton FL 33432

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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]* MANAGER MICHAEL CUPAIOLE 2-14-07 561-278-6069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #