


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

07-14-2008 90097 030 ***143.75

DOCUMENT # L06000026843			
1. Entity Name CONTRUST COMPANY, LLC			
Principal Place of Business 9360 S.W. 72ND STREET, SUITE 210 MIAMI, FL 33173		Mailing Address 9360 S.W. 72ND STREET, SUITE 210 MIAMI, FL 33173	
2. Principal Place of Business - No P.O. Box # 8501 SW 124 AVE		3. Mailing Address 8501 SW 124 AVE	
Suite, Apt. #, etc. SUITE 204		Suite, Apt. #, etc. SUITE 204	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33183	Country USA	Zip 33183	Country USA
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name MARIANO J PEREZ Street Address (P.O. Box Number is Not Acceptable) 8501 SW 124 Ave Ste 204 City MIAMI FL Zip Code 33183	
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 <i>Mariano J Perez</i> DATE 6-18-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, MARIANO J 9360 S.W. 72ND STREET, SUITE 210 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, MARIANO J 8501 SW 124 AVENUE, STE 204 MIAMI FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, MARIANO J 9360 S.W. 72ND STREET, SUITE 210 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, MARIANO J 8501 SW 124 AVE STE 204 MIAMI FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mariano J Perez</i>		MARIANO J PEREZ, MGR 6-18-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 6-18-2008 Daytime Phone 305 270 0050	

30011175



06172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-392 2563 Applied For Not Applicable

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

ATTACHMENT

3001175
#C0600026843

PLEASE FIND OUT
WITH FEI #
YOU ALREADY
RECEIVED CHECK
FOR FILING FEES
THANK YOU

MARIANO J PEREZ
tel 305 270 0050
