LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # LO6000028375

1. Entity Name

WILFRedo Velazco LLC

DO NOT WRITE IN THIS SPACE

FILED

07 MAR 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083B (8/05)

2. Principal Place of Business
874 SE ~~Camelot Way~~ SAME

3. Mailing Address
321 SW Red Maple Way

Suite, Apt. #, etc.

City & State ~~Lee~~

Zip ~~32054~~   Country ~~Madison~~

City & State: LAKE City FL

Zip 32024   Country Colombia

4. FEI Number — Applied For / ✓ Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILFREDO VElAZCO

Street Address (P.O. Box Number is Not Acceptable): 321 SW Red Maple Way

City: LAKE City   FL   Zip Code: 32024

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]_   DATE 3/14/07

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

900094504479
03/22/07--01015--007 **50.00

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE		
NAME	WILFREDO Velazco	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	321 SW Red Maple Way	TITLE		
NAME	Lake City Fl 32024	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
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CITY-ST-ZIP		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]_   Date 3/14/07   Daytime Phone #

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