


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90030 027 ***138.75

DOCUMENT # L06000028379					
1. Entity Name 715, LLC					
Principal Place of Business 780 N.W. LE JEUNE ROAD, SUITE 324 C/O NICOLAS FERNANDEZ, P.A. MIAMI, FL 33126			Mailing Address 780 N.W. LE JEUNE ROAD, SUITE 324 C/O NICOLAS FERNANDEZ, P.A. MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 10 NW LE JEUNE RD.			3. Mailing Address 10 NW LE JEUNE RD.		
Suite, Apt. #, etc. SUITE 500			Suite, Apt. #, etc. SUITE 500		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33126			Country		
			Country		
6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. 42nd Avenue, Suite 500 City Miami FL Zip Code 33126		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. VILLALBA, LUIS 10 NW LE JEUNE ROAD STE 500 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					