## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **ANNUAL REPORT** FILED Apr 14, 2008 08:00 A Secretary of State DOCUMENT #1.06000029394 1. Entity Name GABINA CALLEALTA, LLC Principal Place of Business Mailing Address 1531 SW 193RD AVENUE 1531 SW 193RD AVENUE PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 04112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1954459 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALLEALTA, GABINA DO NOT WRITE **1531 SW 193RD AVENUE** PEMBROKE PINES, FL 33029 IN THIS SPACE 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, typed or printed r (NOTE: Registered Agent signature required when reinstating) ered apent and title if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS **MGRM** TITLE CALLEALTA, GABINA KAME STREET ADDRESS **1531 SW 193RD AVENUE** CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME U000000894363 STREET ADDRESS 04/24/08-80024-013 139 75 CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE STREET ADDRESS CHY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS

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 repert 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** 

CITY-ST-71P

04/11/08