

FILED
Jun 29, 2007 8:00 am
Secretary of State

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05-02-2007 90347 034 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000030511			
1. Entity Name FEROS ONE LLC			
Principal Place of Business 11257 NW 62 TERRACE DORAL, FL 33178		Mailing Address 11257 NW 62 TERRACE DORAL, FL 33178	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ARAU, FERNANDO 7955 NW 12TH STREET SUITE 400 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name <u>Tax Management Services Corp</u> Street Address (P.O. Box Number is Not Acceptable) <u>7955 NW 12 STREET</u> <u>Suite 400</u> City <u>Miami</u> FL Zip Code <u>33126</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and yes, if applicable		DATE <u>4/25/07</u> (NOTE: Registered Agent signature required when renewing)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARAU, FERNANDO 11257 NW 62 TERRACE DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM IZQUIERDO, ROSALINDA 11257 NW 62 TERRACE DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <u>4/25/07</u> 305 470 750X Date Device Phone #	

30011359



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4573386 Applied For
Not Applicable

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