2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2008 8:00 am
Secretary of State
06-04-2008 90257 007 ***138.75

DOCUMENT # L06000032439

1. Entity Name
LOCE GROUP, LLC

Principal Place of Business	Mailing Address
2700 GLADES CIRCLE SUITE #130 WESTON, FL 33327	2700 GLADES CIRCLE SUITE #130 WESTON, FL 33327

05132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4751819
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TABORDA, OMAR
1304 SW 160TH AVE
SUITE 298
SUNRISE, FL 33326

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FIGUEROA, CAROLINA
STREET ADDRESS	1304 SW 160TH AVE #298
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	MGR
NAME	PRADO, LUIS
STREET ADDRESS	1304 SW 160TH AVE #298
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	MGR
NAME	TABORDA, OMAR
STREET ADDRESS	1304 SW 160TH AVE #298
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	MGR
NAME	HERNANDEZ, ENRIQUE
STREET ADDRESS	1304 SW 160TH AVE #298
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: LUIS PRADO 06/18/08 9543850733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #