


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

8/2

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90022 042 \*\*\*138.75

**DOCUMENT # L06000035591**  
 1. Entity Name  
 102 ATTORNEY OFFICES, LLC



Principal Place of Business 102 EAST 49TH STREET HIALEAH, FL 33013	Mailing Address 102 E 49TH STREET HIALEAH, FL 33013
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**DO NOT WRITE IN THIS SPACE**

07082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4649329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, NADEL & FERRERO-CARR, LLP  
 301 W. HALLANDALE BEACH BLVD  
 HALLANDALE BEACH, FL 33009

**DO NOT WRITE 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGR IZQUIERDO, ALEXIS 102 EAST 49TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: *[Signature]* 8/22/08 (305) 826-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #