

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043403

Entity Name: CRUZ ENTERPRISES, LLC

FILED  
Apr 17, 2008  
Secretary of State

**Current Principal Place of Business:**

1669 NE 144TH TERRACE, SUITE 210  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

12717 WEST SUNRISE BLVD, SUITE 213  
SUNRISE, FL 333230902

**New Mailing Address:**

FEI Number: 74-3124054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRUZ, RICARDO  
1941 N.W. 171 AVENUE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

CRUZ, RICARDO  
14597 SW 18 CT  
DAVIE, FL 33325 US

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.

SIGNATURE: RICARDO CRUZ

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CRUZ, RICARDO  
Address: 1941 N.W. 171 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete  
Name: CRUZ, CAMILO  
Address: 23092 POPLAR  
City-St-Zip: MISSION VIEJO, CA 92693

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CRUZ, RICARDO  
Address: 14597 SW 18 CT  
City-St-Zip: DAVIE, FL 33325

Title: MGRM (X) Change ( ) Addition  
Name: CRUZ, CAMILO  
Address: 12295 NW 81 STREET  
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICARDO CRUZ

MGR

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date