

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044735

Entity Name: MULTI-RENTAS, LLC

FILED  
Aug 09, 2007  
Secretary of State

## Current Principal Place of Business:

120 BONAVENTURE BLVD  
APT. 202  
WESTON, 33326

## New Principal Place of Business:

1112 WESTON RD  
STE. 295  
WESTON, FL 33326

## Current Mailing Address:

120 BONAVENTURE BLVD  
APT. 202  
WESTON, 33326

## New Mailing Address:

1112 WESTON RD  
STE. 295  
WESTON, FL 33326

FEI Number: 22-3929830      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

TIRADO, GUSTAVO E  
120 BONAVENTURE BLVD  
APT 202  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

TIRADO, GUSTAVO E  
1236 PEREGRINE WAY  
WESTON, FL 33327 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:

08/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TIRADO, GUSTAVO E  
Address: 120 BONAVENTURE BLVD APT. 202  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TIRADO, GUSTAVO E  
Address: 1236 PEREGRINE WAY  
City-St-Zip: WESTON, FL 33327

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: GUSTAVO E TIRADO

MGR

08/09/2007

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