2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000046782

1. Entity Name
LOPEZ & FIGUERAS, LLC

Principal Place of Business
2600 DOUGLAS ROAD
SUITE 811
CORAL GABLES, FL 33134

Mailing Address
2600 DOUGLAS ROAD
SUITE 811
CORAL GABLES, FL 33134

04032008No Chg-LLC CR2E083 (12/07)

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4. FEI Number
20-4915684
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, VALENTIN
2600 DOUGLAS ROAD
SUITE 811
CORAL GABLES, FL 33134

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

100000088602
04/18/08-80020-020 150.00

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FIGUERAS, LOUIS
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 811
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PS
NAME	LOPEZ, VALENTIN
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 811
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Valentin Lopez 3/23/8 3144 6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #