

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90169 029 \*\*\*138.75

**DOCUMENT # L06000051580**

1. Entity Name  
**LOS VILLA, LLC**



Principal Place of Business  
**888 BRICKELL KEY DRIVE  
APT 1204  
MIAMI, FL 33131 US**

Mailing Address  
**888 BRICKELL KEY DRIVE  
APT 1204  
MIAMI, FL 33131 US**

**60017722**



01032008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-5904684-20-4304684** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY** **JOSE A. VILLAFANA**  
**1201 HAYS STREET** **888 BRICKELL KEY DRIVE**  
**TALLAHASSEE, FL 32301** **APT 1204**  
**MIAMI, FL 33131**

**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 [Signature] **JOSE A. VILLAFANA MGRM** **11 MAR 08**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM**  
NAME **VILLAFANA, JOSE A**  
STREET ADDRESS **888 BRICKELL KEY DRIVE, APT 1204**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGRM**  
NAME **VILLAFANA, DALIE S**  
STREET ADDRESS **888 BRICKELL KEY DRIVE, APT 1204**  
CITY-ST-ZIP **MIAMI, FL 33131**

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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: [Signature] **JOSE A. VILLAFANA** **11 MAR 08** **(305) 372-8169**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE MGRM Date Daytime Phone #