

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000051671

1. Entity Name

MIALPINA INVESTMENTS, LLC



Principal Place of Business

**1114 JADE EAST LANE
KISSIMMEE FL 34744
US**

Mailing Address

**1114 JADE EAST LANE
KISSIMMEE FL 34744
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number

20-4916570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THIMANN, ROBERT
1114 JADE EAST LANE
KISSIMMEE FL 34744**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PABON, MIGUEL A
56 MARINDALE AVE #SOUTH
LOGAN UT 84321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U00000826485
02/21/08-80051-020 138.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DEL PILAR PABON, MARIA
56 MARINDALE AVE #SOUTH
LOGAN UT 84321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U00000826485
02/21/08-80051-020 138.75** ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
**MGRM
PABON, NATALIA
56 MARINDALE AVE #SOUTH
LOGAN UT 84321** ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert E. Thimann Robert E. Thimann 2/1/08 (907) 943-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digitized Print #