

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053083

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** SALAZAR LARA ARCHITECTURAL GROUP, LLC

**Current Principal Place of Business:**

11231 NW 61 STREET  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11231 NW 61 STREET  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 20-4924944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

SALAZAR, GABRIEL  
11231 NW 61 STREET  
DORAL, FL 33178      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SALAZAR, GABRIEL  
Address: 11231 NW 61 STREET  
City-St-Zip: DORAL, FL 33178

Title: MGRM      ( ) Delete  
Name: LARA, LUIS A SR  
Address: 3028 MINUTEMAN LANE  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUIS LARA

MR.

07/05/2007

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