

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057772

FILED  
Jun 12, 2007  
Secretary of State

Entity Name: LOS RANCHOS SEAFOOD RESTAURANT, LLC

**Current Principal Place of Business:**

12705 NW 42ND AVENUE  
SPACE A 13, 14, & 15  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

17362 NW 74 AVENUE  
#103  
MIAMI, FL 33015 US

**New Mailing Address:**

FEI Number: 51-0588028      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:**

ROMERO, ARNALDO  
17362 NW 74 AVENUE  
#103  
MIAMI, FL 33015 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: ROMERO, ARNALDO  
Address: 17362 NW 74 AVENUE #103  
City-St-Zip: MIAMI, FL 33015 US

Title: MGRM ( ) Delete  
Name: FLEITES, ORELVIS  
Address: 17362 NW 74 AVENUE #103  
City-St-Zip: MIAMI, FL 33015 US

**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: ARNALDO ROMERO

MGRM

06/12/2007

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