

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064081

FILED
May 01, 2007
Secretary of State

Entity Name: FEME LLC

Current Principal Place of Business:

8725 NW 18TH TERRACE
211B
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

8725 NW 18TH TERRACE
211B
DORAL, FL 33172

New Mailing Address:

FEI Number: 20-5105892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CADENAS, EDUARDO
8725 NW 18TH TERRACE
211B
DORAL, FL 33172 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: VILDOSOLA, FRANK
Address: 8725 NW 18TH TERRACE SUITE 211B
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: DE LA HOZ, ERNESTO
Address: 8725 NW 18TH TERRACE SUITE 211B
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: GONZALEZ, MARIA
Address: 8725 NW 18TH TERRACE SUITE 211B
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: CADENAS, EDUARDO
Address: 8725 NW 18TH TERRACE SUITE 211B
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

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

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

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: EDUARDO CADENAS

MGRM

05/01/2007

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