## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000065608** 03-06-2008 90250 002 \*\*\*138.75 LOLÁ NITZCHE, LLC 60013019 Principal Place of Business Mailing Address 6110 SW 62ND PL 6110 SW 62ND PL MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2825 SW 5 2825 SW AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. 02292008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number <u>Mia</u>mi Miami **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired USA 33129 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEJIDES, CAROLINA M Street Address (P.O. Box Number is Not Acceptable) 2825 SW 5 AVL 6110 SW 62ND PL MIAMI, FL 33143 👌 Zip Code 33129 Miami The above named sinitive submits 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 obligation Me<u>iides</u> arolina 14 " . A-y-FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 7 , ly TITLE 😤 😁 🥫 TITLE ☐ Change ☐ Delete ☐ Addition NAME \* \* MENDIVIL KAREN L NAME 2825 S.W. 5TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-7IP Change ☐ De lete ☐ Addition TITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De lete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ De lete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Caren Mendivil 2/29/08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED Mar 06, 2008 8:00 am

Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2006

LOLA NITZCHE **6110 SW 62ND PLACE** MIAMI, FL 33143

Subject: LOLA NITZCHE

REGISTRATION NUMBER: G06209900202

This will acknowledge the filing of the above fictitious name registration which was registered on July 28, 2006. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Fictitious Name Section **Division of Corporations**  Letter No. 806A00047862

Dur mailing address changed to:

Miami, FL 33129

Please update your records.

Carolina Méjides, Reg

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314