

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069147

Entity Name: MICHAEL TORRES LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

2712 APIA PL
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2712 APIA PL
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 83-0462620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, MICHAEL
2712 APIA PL
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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: TORRES, MICHAEL
Address: 2712 APIA PL
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Delete
Name: CRUZ, JUAN
Address: 13151 LINDEN DR.
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM () Delete
Name: TORRES, LUIS
Address: 7415 SAN MORITZ DR
City-St-Zip: PORT RICHEY, FL 34668

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:

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: MICHAEL TORRES

MGRM

04/30/2007

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