

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000069214

1. Entity Name
CAC VERO I, LLC



Principal Place of Business
14005 N.W. 186TH STREET
HIALEAH, FL 33018

Mailing Address
14005 N.W. 186TH STREET
HIALEAH, FL 33018



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5974480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRAVAR, LAURO
STREET ADDRESS	14005 NW 186 ST
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	MGR
NAME	ESTEBAN, IGNACIO M
STREET ADDRESS	14006 NW 186 ST
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	MGR
NAME	MARIN, ANDRES F
STREET ADDRESS	14005 NW 186 ST
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	MGR
NAME	FERNANDEZ, JOSE
STREET ADDRESS	14005 NW 186 ST
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	MGR
NAME	JARAMILLO, ARTURO A
STREET ADDRESS	14005 NW 186 ST
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000864259
04/04/08-80007-006 143.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jose L Fernandez

2/4/08

(305)829-0700

Date

Daytime Phone #