


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90442 049 ****50.00

DOCUMENT # L06000073094	
1. Entity Name CLEO GROUP, LLC	

Principal Place of Business 150 SE 25TH RD., #9-B MIAMI, FL 33129	Mailing Address PO BOX 144257 MIAMI, FL 33114
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2. Principal Place of Business - No P.O. Box # 9598 SW 137 Ave	3. Mailing Address 9598 SW 137 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33186	Country

60031500



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 57-1239788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SALIBI, SAMER 150 SE 25TH RD., #9-B MIAMI, FL 33129	
7. Name and Address of New Registered Agent Name: SALIBI, SAMER Street Address (P.O. Box Number is Not Acceptable): 9598 SW 137th Ave City: Miami FL Zip Code: 33186	

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALIBI, SAMER 150 SE 25TH RD., #9-B MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALIBI, SAMER 9598 SW 137th Ave MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Samer Salibi 02/01/07