


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |   |
|--|---|
| <b>DOCUMENT # L06000073231</b><br>1. Entity Name<br><b>THE LATINO'S PLAZA, LLC</b> |  |
|--|---|

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| Principal Place of Business<br><b>4100 SOUTH ORANGE BLOSSOM TRAIL<br/>                 KISSIMMEE, FL 34746</b> | Mailing Address<br><b>2109 PUTTER PL.<br/>                 KISSIMMEE, FL 34746</b> |
|--|--|



08142008 No Chg-LLC      CR2E083 (12/07)

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|   |  |
|---|--|
| 4. FEI Number<br><b>20-5264550</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**MELO, JANEL  
 2109 PUTTER PL.  
 KISSIMMEE, FL 34746**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
 Due by September 12, 2008**

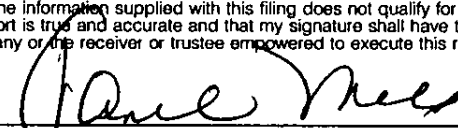
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

| 9. MANAGING MEMBERS/MANAGERS |                     |
|------------------------------|---------------------|
| TITLE                        | MGRM                |
| NAME                         | MELO, JANEL         |
| STREET ADDRESS               | 2109 PUTTER PL.     |
| CITY-ST-ZIP                  | KISSIMMEE, FL 34746 |
| TITLE                        |                     |
| NAME                         |                     |
| STREET ADDRESS               |                     |
| CITY-ST-ZIP                  |                     |
| TITLE                        |                     |
| NAME                         |                     |
| STREET ADDRESS               |                     |
| CITY-ST-ZIP                  |                     |
| TITLE                        |                     |
| NAME                         |                     |
| STREET ADDRESS               |                     |
| CITY-ST-ZIP                  |                     |

U00000957950  
 08/18/08-80009-020 138.75

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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 606, Florida Statutes.

**SIGNATURE:**       **8/14/08 (973) 464-7451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #