
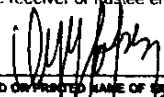


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90115 032 \*\*\*\*55.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L06000073316</b>  |   |  |   |  |  |
| <b>1. Entity Name</b><br>EL MERCY FLORIDA LLC   |   |  |   |   |  |
| <b>Principal Place of Business</b><br>6625 W 4TH AVE<br>114<br>HIALEAH, FL 33012 US   |   |  | <b>Mailing Address</b><br>6625 W 4TH AVE<br>114<br>HIALEAH, FL 33012 US   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>5951 NW 151ST<br>Suite, Apt. #, etc. 212   |   | <b>3. Mailing Address</b><br>S/A                                   |   |   |  |
| <b>City &amp; State</b><br>MIAMI LAKES, FL<br>Zip 33014- Country USA  |   | <b>City &amp; State</b>  |   | <b>4. FEI Number</b><br>20-5975894  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |  |   | Applied For <input type="checkbox"/><br>Not Applicable <input type="checkbox"/>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>LOPEZ, OLGA I<br>6625 W 4TH AVE<br>114<br>HIALEAH, FL 33012   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ State <b>FL</b> Zip Code _____ |   |  |
| <b>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.</b>  |   |  |   |   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>   |   |  |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 14, 2007</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>LOPEZ, OLGA I<br>6625 W 4TH AVE, STE 114<br>HIALEAH, FL 33012  | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>LOPEZ, MARIO J<br>6625 W 4TH AVE, STE 114<br>HIALEAH, FL 33012 | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                       |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                       |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                       |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                       |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                       |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                       |  |   |   |  |
| <b>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.</b> |   |  |   |   |  |
| <b>SIGNATURE:</b>  <u>OLGA I LOPEZ</u> <span style="float: right;">7/5/07 (305) 364-1251</span>  |   |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |  |   |   |  |