

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90016 002 ***138.75

60038040



04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number **753267187** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ROBERTS, DAVID F ESQ
1401 BRICKELL AVE, SUITE 500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **David F. Roberts, PA**
Street Address (P.O. Box Number is Not Acceptable)
1775 Washington Ave. Suite PH-3
City **Miami** FL Zip Code **33139**

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 **David F. Roberts, Esq**

(NOTE: Registered Agent signature required when reinstating)

4/29/08
DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DE VALDEON VEGAS, JOSE LUIS DIEZ**
STREET ADDRESS **C/O DOCTOR VILLACIAN 45-8D.**
CITY-ST-ZIP **VALLADOLID, SPAIN,**

TITLE **MGRM** ☐ Delete
NAME **PEREZ DOMINQUEZ, JOSE ANTONIO**
STREET ADDRESS **PASEO DE ZORILLA 22-8B.**
CITY-ST-ZIP **47006 VALLADOLID, SPAIN,**

TITLE **MGRM** ☐ Delete
NAME **MUNOZ-REPISO CARRENO, CONCEPCION**
STREET ADDRESS **PASEO DE ZORILLA 22-8B**
CITY-ST-ZIP **47006 VALLADOLID, SPAIN,**

TITLE **MGRM** ☐ Delete
NAME **PEREZ MUNOZ-REPISO, FERANCISCO J**
STREET ADDRESS **PASEO DE ZORILLA 22-8B**
CITY-ST-ZIP **47006 VALLADOLID, SPAIN,**

TITLE **MGRM** ☐ Delete
NAME **MUNOZ-REPISO, ALBERTO PEREZ**
STREET ADDRESS **C/O MARIANO DE LOS COBOS, 6-2E**
CITY-ST-ZIP **VALLADOLID, SPAIN,**

TITLE **MGRM** ☐ Delete
NAME **MUNOZ-REPISO, PALOMA PEREZ**
STREET ADDRESS **PASEO DE ZORILLA 22-8B**
CITY-ST-ZIP **47006 VALLADOLID, SPAIN,**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Perez Dominguez, Jose Antonio**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Perez Munoz-Repiso Francisco J.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Francisco J Perez Munoz Repiso MGRM by Atty** **4/29/08** **305 632-1326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #