

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

6 Jul 01, 2008 8:00 am
Secretary of State

06-06-2008 90104 010 ****50.00
07-01-2008 90032 002 ****93.75

DOCUMENT # L06000078035 1. Entity Name THE VILLAR, LLC					
Principal Place of Business 8974 SW 25 STREET MIAMI, FL 33165			Mailing Address 8974 SW 25 STREET MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box # 8974 SW 25 ST Suite, Apt. #, etc. Miami City & State FLA Zip 33165		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		<div style="font-size: 24px; font-weight: bold;">50007757</div>	
4. FEI Number 51-0632313		Applied For <input type="checkbox"/> Not Applicable		06052008 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PESANT, GUILLERMO 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reappointing) _____ 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.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM VILLAR, RICARDO 8974 SW 25 STREET MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM VILLAR, LEONOR 8974 SW 25 STREET MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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: 6/26/08 905-591-7283 Daytime Phone #		