

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 3/1**

FILED
May 19, 2008 8:00 am
Secretary of State

03-31-2008 90264 033 ***138.75

DOCUMENT # L06000091778

1. Entity Name
EL GATO NEGRO LLC



Principal Place of Business
**65 SPOONBILL ROAD
MANALAPAN FL 33463**

Mailing Address
**65 SPOONBILL ROAD
MANALAPAN FL 33463**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
26-2618887

Applies For
No: Applicable

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

6. Name and Address of Current Registered Agent
**LAMELAS, STEPHANIE
65 SPOONBILL ROAD
MANALAPAN FL 33463**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 changing agent)

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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM LAMELAS, STEPHANIE 65 SPOONBILL ROAD MANALAPAN FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LAMELAS, PETER 65 SPOONBILL ROAD MANALAPAN FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS / CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 639, Florida Statutes.

SIGNATURE: _____ **5-5-08 561-963-9881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE