

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092320

Entity Name: BUCK-N-EARS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

8575 SW 115 COURT
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

8575 SW 115 COURT
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-5589272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, FRANK
8575 SW 115 COURT
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: HERNANDEZ, FRANK P
Address: 8575 SW 15 COURT
City-St-Zip: MIAMI, FL 33173

Title: D () Change (X) Addition
Name: HERNANDEZ, ERIC D
Address: 7890 SW 17 ST
City-St-Zip: MIAMI, FL 33155

Title: D () Change (X) Addition
Name: HERNANDEZ, GILBERT D
Address: 7890 SW 17 ST
City-St-Zip: MIAMI, FL 33155

Title: D () Change (X) Addition
Name: ROBB, JAMES C D
Address: 7890 SW 17 ST
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK HERNANDEZ

P

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date