

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90069 041 ****50.00

DOCUMENT # L06000094482

1. Entity Name
ECOPLANTS, LLC



Principal Place of Business
2761 NW 82ND AVENUE
DORAL, FL 33122

Mailing Address
2761 NW 82ND AVENUE
DORAL, FL 33122

60044634



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5617842

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
"Fee Required"

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUCE JAY TOLAND, P.A.
BRICKELL BAYVIEW CENTRE #2805
80 S.W. 8TH STREET
MIAMI, FLORIDA, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAMIREZ, DAVID
2005 N.W. 70TH AVE. #104
MIAMI, FL 33122

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAMIREZ, DAVID
2761 NW 82ND AVENUE
DORAL, FL 33122

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

DAVID RAMIREZ

[Signature]

04-26-07

Daytime Phone #