

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097916

Entity Name: LA REYNA LLC

FILED  
Feb 19, 2007  
Secretary of State

**Current Principal Place of Business:**

170 S. MULBERRY STREET  
FELLSMERE, FL 32948

**New Principal Place of Business:**

**Current Mailing Address:**

170 S. MULBERRY STREET  
FELLSMERE, FL 32948

**New Mailing Address:**

P.O. BOX 511  
FELLSMERE, FL 32948

FEI Number: 20-5737569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORDOVA, ERICK J  
170 S. MULBERRY STREET  
FELLSMERE, FL 32948 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: MGRM ( ) Delete  
Name: CORDOVA, ERICK J  
Address: P.O. BOX 511  
City-St-Zip: FELLSMERE, FL 32948

Title: MGRM ( ) Delete  
Name: AGUILAR, REYNA  
Address: P.O. BOX 511  
City-St-Zip: FELLSMERE, FL 32948

Title: MGRM ( ) Delete  
Name: CARRILLO, DANIEL  
Address: P.O. BOX 511  
City-St-Zip: FELLSMERE, FL 32948

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERICK J CORDOVA

MGRM

02/19/2007

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