2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 08, 2007 8:00 am Secretary of State

DOCUMENT [06006 10005 8 2305 + 2307 South Mills Avenue						05-10-2007 90419 041 ****55.00			
Principal Place	·	Mailing Address				2.0	5400B		
13118 Lakewind Drive same Clermont, FL. 34711					30010205				
	Ont, 192.347// ice of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		06042007	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Numb	453066		piled For t Applicable		
ZIp	Country	Zip	Coun	try		of Status Desired	\$5.00 Add	Itional	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New Re	·		
MERIDETH	C. NAGEL, P.A.								
953 10TH S CLERMONT			Street Address	s (P.O. Box Numb	er is Not Acceptable)	! 			
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				City			FL Zip Cod		
the obligatio	amed entity submits this statement ins of registered agent.	for the purpose of changing i	ta registere	ed office or regist	tered agent, or bo	th, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE _	ignature, typed or printed name of registered age	N and title if applicable (NC	TC: Decistore	d Agent signature requi	ved ukan reinstation)		DATE		
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Filis Due by	ng Fee Is \$50.00 y September 14, 2007				Make check payable to Florida Department of State				
9.	MANAGING MEME		10.			ADDITIONS/			
TITLE NAME I	Managing Men	nber 🗆 Delete	TITLE				Change	☐ Addition	
STREET ADDRESS	Armando Tautiv	a.	STRE	ET ADDRESS					
CITY-ST-ZIP	3118 Lakewind Dr. Managing Member Vilmary Tautiva	Clermont, BL 347	Z// City	-ST-ZIP			☐ Change	Addition	
NAME	Vilmary Toutive	ey under	NAM	١			Ontaings		
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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 gustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE