

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

07 MAY 14 PM 2:05

FLORIDA DEPARTMENT OF STATE  
ALLAHAPPE, FLORIDA

DOCUMENT # L06000102806

1. Entity Name  
DEVONSHIRE HOLDINGS LLC



Principal Place of Business  
7171 CORAL WAY, SUITE 104  
MIAMI, FL 33155

Mailing Address  
7171 CORAL WAY, SUITE 104  
MIAMI, FL 33155

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

3. Mailing Address  
2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 703

City & State

City & State  
Miami, FL

Zip

Country

Zip  
33133

Country  
USA

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For  
Not Applicable

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

WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

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 MGR  
NAME OSORNO, HELDA  
STREET ADDRESS 7171 CORAL WAY, SUITE 104  
CITY-ST-ZIP MIAMI, FL 33155

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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: Timothy D. Richards

4/30/07

(305) 858-9900

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

Date

Daytime Phone #