

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90052 018 ***138.75

DOCUMENT # L06000105747

1. Entity Name
LOS AMIGOS L.L.C.



Principal Place of Business

**6443 SW 40TH STREET
MIAMI, FL 33155**

Mailing Address

**6443 SW 40TH STREET
MIAMI, FL 33155**

60001737



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LARRIEU, MANUEL A
3971 SW 8TH STREET
SUITE 205
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SUEIRA, MARIO
STREET ADDRESS	6443 SW 40TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGR
NAME	LARRIEU, MANUEL A
STREET ADDRESS	3971 SW 8TH STREET, SUITE 205
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGR
NAME	NELSON RODRIGUEZ, PEDRO
STREET ADDRESS	10000 SW 56 STREET
CITY-ST-ZIP	MIAMI, FL 33101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #