

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED
07 FEB -1 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MK

(L06000107570C)

01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

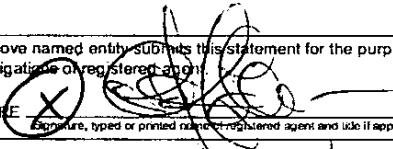
6. Name and Address of Current Registered Agent

~~DE FRANCO, ROGER~~
11762 SW 88TH ST UNIT 177
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name **ANDRES SOBERON**
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  (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

TITLE **MGRM** ☒ Delete
NAME **DE FRANCO, ROGER**
STREET ADDRESS **11762 SW 88TH ST UNIT 177**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **MGRM** ☒ Delete
NAME **OLIVA, MARIO**
STREET ADDRESS **11762 SW 88TH ST UNIT 177**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **ANDRES SOBERON**
STREET ADDRESS **11762 SW 88 ST. # 177**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900088887469
02/21/07-01019-001 **150.00

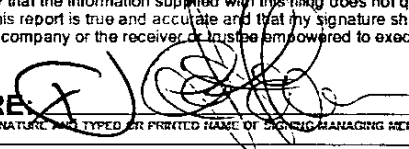
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CITY-ST-ZIP

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

Date Daytime Phone #