2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Mar 03, 2008 08:00 A DOCUMENT # L06000110102 1. Entity Name Secretary of State 2521 N.W. 74 AVENUE, LLC Principal Place of Business Mailing Address 2573 N.W. 74TH AVENUE 2573 N.W. 74TH AVENUE **MIAMI FL 33122** MIAMI FL 33122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #Letc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-5890416 No: Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LA TORRE, TARABOULOS & CO. Street Address (P.O. Box Number is Not Acceptable) 9400 S. DADELAND BOULEVARD SUITE 601 **MIAMI FL 33156** City Zip Code 8. The above named entity submits this statement for the purpose or 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, typed or printed name of registered agent ename to applicable tNOTE: Registered Agent signature required when remarating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES TITLE MGRM ☐ Delete Change Addition U00000845498 HAVE MARTINEZ, EDUARDO NAME 03/Ĭ3/Ŏ8-8ÓŎ4Ĭ-014 138.75 STREET ADDRESS 2573 N.W. 74TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-Z:P MIAMI FL 33122 TITLE MGRM Delete TITLE Change Addition NAME MARTINEZ, JOSE LAME STREET ADDRESS 2573 N.W. 74TH AVE. STREET ADDRESS CITY+ST-7IP CITY-ST-ZiP MIAMI FL 33122 TOTLE **MGRM** Delete TITLE Charige Addition NAME MARTINEZ, ROSAIDA NAME STREET ADDRESS 2573 N.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 MGRM TITLE Delete TITLE Change Addition NAME VILLARROEL, MARTIN NAME STREET ADDRESS 2573 N.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-S1-Z:P TITLE ☐ Delete TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delote TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: