2008 LIMITED LIABILITY COMPA

DOCUMENT # L06000112825

1. Entity Name

PUERTA DE PALMA 1417, LLC



FILED Feb 22, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1111 KANE CONCOURSE OFFICE #305 BAY HARBOR ISLAND, FL 33154

1111 KANE CONCOURSE OFFICE #305 BAY HARBOR ISLAND, FL 33154



CR2F083 (12/07)

DO NOT WRITE IN THIS SPACE

02142008 No Chg-LLC	CR2E083 (12/07)		
4. FEI Number 20-5924042		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GBS CONSULTANTS 1290 WESTON RD. SUITE 306 WESTON, FL 33326

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registere	d Agent signature required when reinstating)	DATE	
FILE After May	NOW!!!, FEE IS \$138.75 71, 2008 Fee will be \$538.75		v- " .	000000834949 02/29/08-80013-020 138.75	
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	FAJARDO, FREDDY ORLANDO				
STREET ADDRESS	1111 KANE CONCOURSE OFFICE #305				
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154				
MLE	MGR		1		
NAME	PINANGO, MAGALY ESPEJO				
STREET ADDRESS	1111 KANE CONCOURSE OFFICE #305				
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154			•	
TITLE	MGR		1		
NAME	FAJARDO, CARMEN M				
STREET ADDRESS	1111 KANE CONCOURSE OFFICE #305		I 50	NOT WOITE	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154			NOT WRITE	
TITLE	 		1 181	THE CDACE	
NAME			I IN	THIS SPACE	
STREET ADDRESS				•	
CFTY-ST-ZIP					
IILE			1		
NAME					
STREET AODRESS					
CITY-ST-ZIP					
TITLE			1		
NAME					
STREET ADDRESS					
CITY - S1 - 7IP					
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.					

GING MEMBER, OR AUTHORIZED REPRESENTATIVE

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