

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90080 008 ***138.75

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01172008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000112879 1. Entity Name SAMORO, LLC					
Principal Place of Business 104 CRANDON BLVD., SUITE 315 KEY BISCAYNE, FL 33149			Mailing Address P.O. BOX 490315 KEY BISCAYNE, FL 33149		
2. Principal Place of Business - No P.O. Box # 1110 Brickell Ave.		3. Mailing Address 1110 Brickell Ave.			
Suite, Apt. #, etc. 7th Floor		Suite, Apt. #, etc. 7th Floor			
City & State Miami, FL		City & State Miami, FL			
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 20-8049512	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OROZCO, GINETTE 104 CRANDON BLVD., SUITE 315 KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORENO MENDOZA, Fernando 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEVANO, ISABEL 104 CRANDON BLVD., SUITE 315 KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHO LORA, Alejandro 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDOZA, Jose Luis 1500 San Remo Ave. Ste. 125 Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 # _____	