


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

05-01-2007 90316 029 ***150.00

DOCUMENT # L06000117313 1. Entity Name MORELLA ENTERPRISES, LLC			
Principal Place of Business 13042 S.W. 143 TERRACE MIAMI, FL 33186		Mailing Address 13042 S.W. 143 TERRACE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 13248 SW 143 TERR		3. Mailing Address 13248 SW 143 TERR	
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186	Country DADE	Zip 33186	Country DADE
6. Name and Address of Current Registered Agent MOLINA, JULIO C 13042 S.W. 143 TERRACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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		10. ADDITIONS/CHANGES	
TITLE P/ ANA MORELLA OTAIZA <input type="checkbox"/> Delete	NAME 13248 SW 143 TERR	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIAMI, FL - 33186	CITY-ST-ZIP 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 		STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 		CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP 		CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 		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: ANA MORELLA OTAIZA 7-10-2007-305 342 4026 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

30011709



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8069652** Applied For ☐ Not Applicable ☐

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

FL Zip Code

PAX 786 242 9455