

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000120138

1. Entity Name
BICHACHI BUILDERS, LLC



Principal Place of Business

**9375 PARK DRIVE
SUITE 1
MIAMI SHORES, FL 33138**

Mailing Address

**9375 PARK DRIVE
SUITE 1
MIAMI SHORES, FL 33138**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8119644

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMUKLER, FORTUNA
9375 PARK DRIVE
SUITE 1
MIAMI SHORES, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000781995
01/15/08-80056-024 138.75

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BICHACHI, ISRAEL
STREET ADDRESS	9375 PARK DRIVE, SUITE 1
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	MGR
NAME	SMUKLER, FORTUNA
STREET ADDRESS	9375 PARK DRIVE, SUITE 1
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Fortuna Smukler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Fortuna Smukler

01-07-08 305-759-5404

Date

Daytime Phone #