2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 16, 2008 8:00 am Secretary of State 05-16-2008 90187 037 ***138.75

| Precipital Phase of Blustimess No P.O. Box 8 1778 SW (107 TERRACE MAMI, FL 33186 S0041814 SSO 1 SW 124 AVE SSO 1 | DOCUMENT # L06000121941 1. Entity Name FIRST AMERICAN WEALTH MANAGEMENT LLC | | | | | | | | |
|---|--|--|--------------------------------------|---------------------------------|----------------------------------|-------------------------------------|---|------------|--|
| MIMMI, FL 33186 MIMMI, FL 33186 MIMMI, FL 33186 MIMMI, FL 33186 D10 4 AVE \$501 SN 124 AVE \$502 SN 124 AVE \$503 AN 1 AVE \$503 SN 124 AVE \$503 SN 124 AVE \$503 SN 124 AVE \$503 AN 1 AVE \$504 AND 1 AVE \$505 AND 1 AVE \$505 AND 1 AVE \$505 AND 1 AVE \$506 AND 1 AVE | Principal Place of Business | | Mailing Address | | 7 | | | | |
| ### Special SW 124 AVE SSO) Address of Current Registered Agent Applicable Fig. 8 Dio Address of Current Registered Agent Applicable Fig. 8 Dio Address of Current Registered Agent Applicable Fig. 8 Dio Address of Current Registered Agent Applicable Fig. 8 Dio Address of Current Registered Agent Applicable Fig. 8 Dio Address of Current Registered Agent AVAREZ, ALEIANDRO Size Address (Fig. 8 Dio Address of Now Registered Agent SSO) Address (Fig. 8 Dio Address of Now Registered Agent AVAREZ, ALEIANDRO Size Address (Fig. 8 Dio Address of Now Registered Agent SSO) Address (Fig. 8 Dio Address of N | | | | | | 60041814 | | | |
| Colin Sulper File Sulper Sulp | | | | | | | | | |
| City A Sale Name and Address of Current Registered Agent | | | | | 05122008 | Chg-LLC | CR2E083 (12/06) | | |
| Signal Applies Page of the purpose of changing its registered agent of the changing agent of the changing its registered agent of the changing agent of the changing its registered agent of the cha | City & State | | City & State | | 1 | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | |
| Name Name | Zip 33/ | 83 Country US | | ountry US | 5. Certificate | of Status Desired | □ \$5.00 Add | ditional | |
| Series Address (P.O. Box Number is Not Acceptable) Series Address (P.O. Box Number is Not Acceptable) SUITE 101 City MI AMI FL Zip Code 331/8 / 331/8 | | 6. Name and Address of Current I | Registered Agent | Name | 7. Name and | Address of New Ro | egistered Agent | | |
| 8. The above named entity subpasis, this spacement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitiar with, and accept the obligations of registered agent. SIGNATURE SIGNA | 11733 SW | 107 TERRACE | | Street Addres | s (P.O. Box Number | er is Not Acceptable AV を |) | | |
| B. The above named entity subgrain its spacement (of the purpose of changing its registered algent, or both, in the State of Florida. I am lamitiat with, and accept the obligations of registered agant. ### Sometiment (pold or read em) of registered agant. ### Sometiment, topod or read em) of registered agant. ### FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. ### ANAGING MEMBERS/MANAGERS ## | | | | | TE 101 | | | | |
| SIGNATURE SIGNATURE SIGNATURE FILE NOWII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS IN accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS IN A ADDITIONS/CHANGES IN | A 73 | | | <u> </u> | | | <u> </u> | 183 | |
| FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS / MANAGERS ID. ADDITIONS/CHANGES ITHE MAKE ALVAREZ, ALEJANDRO SIRETADORES SIRETADORES SIRETADORES SIRETADORES SIRETADORES SIRETADORES SIRETADORES OITY-SI-2P MIAMI, FL 33186 Delete ITHE MAKE SIRETADORES OITY-SI-2P ITHE MAKE SI | the obligat | tions of registered agent. | La | Ţ. | 3 | th, in the State of Flo | | and accept | |
| TITLE MAKE ALVAREZ, ALEJANDRO ITTAS SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRES | | | | 7.193(2)(b), F.S., | he limited Make check payable to | | | e | |
| NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P | | · | | | | ADDITIONS/ | | | |
| THE NAME STRET ADDRESS CITY-ST-2P THE OPERS CITY-ST | NAME STREET ADDRESS | ALVAREZ, ALEJANDRO 11733 SW 107 TERRACE | ∟ J Delete | NAME | oi sw 124 14mi . Fi- | AVE, SUIT | • | L ACCINON | |
| NAME SIREET ADDRESS CITY-ST-ZIP Delete | NAME STREET ADORESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | | | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | NAME STREET ADORESS | | □ Delete | NAME STREET ADDRESS | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. | NAME STREET ADORESS | | ☐ Defete | NAME STREET ADDRESS | | | Change | Addition | |
| NAME SIRET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. | NAME STREET ADDRESS | | ☐ Delete | NAME STREET ADORESS | | | ☐ Change | Addition | |
| 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. | NAME STREET ADORESS | | ☐ Delete | NAME STREET ADDRESS | | | ☐ Change | Addition | |
| SIGNATURE: 5-12-08 305-274-0400 Date Date Date Date Date Date Date Date | | certify that the information supplied with | this filing does not qualify for the | exemptions contain | ed in Chapter 119, | | irther certify that the info | | |
| | | on this report is true and accurate and | that my signature shall have the s | | | | jing membér or manag | er of the | |