2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000014552

Entity Name: ST. REMO, LLC

Current Principal Place of Business:

6705 RED ROAD, #418
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

6705 RED ROAD, #418
CORAL GABLES, FL 33143

New Mailing Address:

6705 RED ROAD,
#418
CORAL GABLES, FL 33143

FEI Number: 20-8405676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIGUEL, JACOB
6705 RED ROAD, #418
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MIGUEL, LAURA
Address: 6705 RED ROAD, #418
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR ( ) Delete
Name: MIGUEL, JACOB
Address: 6705 RED ROAD, #418
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACOB MIGUEL MGR 04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date