


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90174 013 \*\*\*138.75

<b>DOCUMENT # L07000020704</b>	
1. Entity Name <b>NINO DOG TOWING LLC</b>	

Principal Place of Business <b>18600 N.W. 47 AVENUE MIAMI GARDENS FL 33055</b>	Mailing Address <b>18600 N.W. 47 AVENUE MIAMI GARDENS FL 33055</b>
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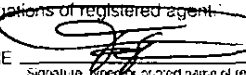


2. Principal Place of Business - No P.O. Box # <b>186014 NW 46 AVE</b>	3. Mailing Address <b>186014 NW 46 AVE</b>
Suite, Apt. #, etc. <b>MIAMI FL</b>	Suite, Apt. #, etc. <b>MIAMI FL</b>
City & State <b>33055 MIAMI-Dade</b>	City & State <b>33055 MIAMI-Dade</b>
Zip <b>33055</b>	Country <b>FL</b>

1st MOORE CR2E083 (10/07)

4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GARCIA, NINO JR. 18600 N.W. 47 AVENUE MIAMI GARDENS FL 33055</b>	
7. Name and Address of New Registered Agent Name <b>FRANCISCO GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>186014 NW 46 AVE</b> City <b>MIAMI</b> Zip Code <b>33055 FL</b>	

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.

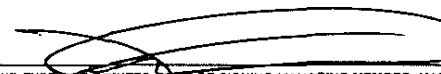
SIGNATURE  **FRANCISCO GARCIA** DATE **4-3-08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 GARCIA, NINO JR. 18600 N.W. 47 AVENUE MIAMI GARDENS FL 33055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, FRANCISCO 186014 NW 46 AVE MIAMI, FL 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, MARIA JR. 18600 N.W. 47 AVENUE MIAMI GARDENS FL 33055 <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
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
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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 Section 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:  **MARIA GARCIA** DATE **4-3-08** DAYTIME PHONE # **(786) 222-2304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE