


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 016 ***138.75

DOCUMENT # L07000023736					
1. Entity Name EUROCELL GROUP, LLC					
Principal Place of Business 5880 COLLINS AVE., STE 504 MIAMI, FL 33140			Mailing Address 5880 COLLINS AVE., STE 504 MIAMI, FL 33140		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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				07142008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BOFILL & VILAR, P.A. 66 W. FLAGLER STREET, STE. 500 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____					
FILE NOW!!! 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.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAVIO ZUABO 5880 COLLINS AVE., STE 504 MIAMI FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Patrick Velar</i> PATRICK VELAR, BY (Authorized Rep.)			8-28-08		305-374-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #