

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90099 020 \*\*\*138.75

**60044831**



07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8587220** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MIRANDA, RICARDO A  
1001 N.E. 125TH STREET  
101  
MIAMI, FL 33161

## 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

Signature, type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7-9-08**

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

TITLE MGR ☐ Delete  
NAME MIRANDA, RICARDO A  
STREET ADDRESS 1001 N.E. 125TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE MGR ☐ Delete  
NAME VILLABONA, RUTHY  
STREET ADDRESS 1001 N.E. 125TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE MGRM ☐ Delete  
NAME MIRANDA, DANIEL  
STREET ADDRESS 1001 N.E. 125TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE MGRM ☐ Delete  
NAME MIRANDA, CIRO A  
STREET ADDRESS 1001 N.E. 125TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE MGRM ☐ Delete  
NAME MIRANDA, ALEJANDRA  
STREET ADDRESS 1001 N.E. 125TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

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

**7-9-08**

DATE

**(305) 891-1490**

DAYTIME PHONE #