

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-14-2008 90099 019 ***138.75

60044832



07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8587130** 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
NORTH 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]*
Signature, typed or 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	<input type="checkbox"/> Delete
NAME	MIRANDA, RICARDO A	
STREET ADDRESS	1001 N.E. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VILLABONA, RUTHY	
STREET ADDRESS	1001 N.E. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MIRANDA, DANIEL	
STREET ADDRESS	1001 N.E. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MIRANDA, CIRO A	
STREET ADDRESS	1001 N.E. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MIRANDA, ALEJANDRA	
STREET ADDRESS	1001 N.E. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-9-08

Date

(305) 891-1490

Daytime Phone #