

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90033 019 \*\*\*138.75

**DOCUMENT # L07000025774**



1. Entity Name  
**FALUDA, LLC**

Principal Place of Business  
**2525 SW 3 AVENUE**  
**C-2**  
**MIAMI, FL 33129**

Mailing Address  
**115 HAMPTON LANE**  
**KEY BISCAVNE, FL 33149**

**60029558**



04242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**20-8754468**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROJAS, ROBERTO ESQUIRE**  
**80 SW 8 STREET**  
**1900**  
**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 \_\_\_\_\_  Delete  
 NAME **OLIVEIRA, JOAO**  
 STREET ADDRESS **115 HAMPTON LANE**  
 CITY-ST-ZIP **KEY BISCAVNE, FL 33149**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **OLIVEIRA, PATRICIA**  
 STREET ADDRESS **115 HAMPTON LANE**  
 CITY-ST-ZIP **KEY BISCAVNE, FL 33149**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
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 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

*Joao Oliveira*

Date

*04/24/08*

Daytime Phone #

*(305) 8570709*