

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000033105

1. Entity Name
SPICMILLIONAIRETEES, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -8 AM 12:00

Principal Place of Business
2634 S.W. 28 COURT
MIAMI, FL 33133

Mailing Address
2634 S.W. 28 COURT
MIAMI, FL 33133

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

06032008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

22-3957338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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
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 MGR ☐ Delete
NAME BEATO, ALEXANDER R
STREET ADDRESS 2634 S.W. 28 COURT
CITY-ST-ZIP MIAMI, FL 33133

☐ Change ☐ Addition
600132922346
07/15/08--01007--017 **138.75

TITLE MGR ☐ Delete
NAME HIDALGO, EVELYN M
STREET ADDRESS 2634 S.W. 28 COURT
CITY-ST-ZIP MIAMI, FL 33133

☐ Change ☐ Addition

TITLE S ☐ Delete
NAME BEATO, ALEXANDER R
STREET ADDRESS 2634 S.W. 28 COURT
CITY-ST-ZIP MIAMI, FL 33133

☐ Change ☐ Addition

TITLE T ☐ Delete
NAME BEATO, EDWARD P
STREET ADDRESS 2634 S.W. 28 COURT
CITY-ST-ZIP MIAMI, FL 33133

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

06-09-08

305-710-7263