

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000042008

1. Entity Name
BONTONS, LLC



Principal Place of Business
3221 NW 82 AVENUE
DORAL, FL 33122

Mailing Address
3221 NW 82 AVENUE
DORAL, FL 33122

2. Principal Place of Business - No P.O. Box #
1835 NW 112 Avenue

3. Mailing Address
1835 NW 112 Avenue

Suite, Apt. #, etc.
170

Suite, Apt. #, etc.
170

City & State

MIAMI FL

City & State
MIAMI FL

Zip
33172

Country
USA

Zip
33172

Country
USA

6. Name and Address of Current Registered Agent

GARCIA, GERMAN
3221 NW 82 AVENUE
DORAL, FL 33122

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
GARCIA, GERMAN
3221 NW 82 AVENUE
DORAL, FL 33122**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
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

German Garcia

03/26/2008 (305) 592-0428

Date

Daytime Phone #