

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 18 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000048562

1. Entity Name  
SANTOS ESTRADA SR LLC



Principal Place of Business  
58 SIOUX CIRCLE  
HAVANA, FL 32333

Mailing Address  
P.O. 460  
GRETN, FL 32332

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

04042008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

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

BENFIELD, RON  
58 SIOUX CIRCLE  
HAVANA, FL 32333

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 MGRM ☐ Delete  
NAME PEREZ, CARLOS  
STREET ADDRESS P.O. BOX 460  
CITY-ST-ZIP GRETN, FL 32332

TITLE ☐ Change ☐ Addition  
NAME 400124346074  
STREET ADDRESS 04/18/08--01029--015 \*\*555.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME FLORES, ANTONIO  
STREET ADDRESS P.O. BOX 460  
CITY-ST-ZIP GRETN, FL 32332

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

TITLE MGRM ☐ Delete  
NAME CARRILLO, EFRAIN  
STREET ADDRESS P.O. BOX 460  
CITY-ST-ZIP GRETN, FL 32332

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: Santos Estrada

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

Date

Daytime Phone #