

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90022 026 ***138.75

DOCUMENT # L07000049893

1. Entity Name
INVERSIONES ORIENTE L.C.



Principal Place of Business

**9795 NW 87 AVE
MEDLEY, FL 33178**

Mailing Address

**9795 NW 87 AVE
MEDLEY, FL 33178**

60038301



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

45-0561371

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

**JAIME, VILLAMIZAR
9795 NW 87 AVE
MEDLEY, FL 33178**

7. Name and Address of New Registered Agent

Name

VILLAMIZAR JAIME

Street Address (P.O. Box Number is Not Acceptable)

6240 GAUNTLET HALL LN

City **DAVIE**

FL

Zip Code

33331

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

JAIME VILLAMIZAR, MGRM

(NOTE: Registered Agent signature required when reinstating)

04/30/08

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALLAMIZAR, JAMIE
9795 NW 87 AVE
MEDLEY, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALLAMIZAR, JOSE
9795 NW 87 AVE
MEDLEY, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALLAMIZAR, NICOLAS
9795 NW 87 AVE
MEDLEY, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VILLAMIZAR JAIME
6240 GAUNTLET HALL LN
DAVIE, FL 33331** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VILLAMIZAR JOSE
4912 S.W. 173 RD AVE
MIRAMAR, FL 33029** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VILLAMIZAR NICOLAS
4000 STONES THROW CT.
NAPLES, FL 34109** ☒ Change ☐ Addition

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

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

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

04/30/08

Date

305-888-8669

Daytime Phone #