

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90037 044 \*\*\*138.75

**DOCUMENT # L07000053927**

1. Entity Name  
**BAUTISTA MASONRY LLC**



Principal Place of Business  
**8816 COLLINS AVENUE  
203  
SURFSIDE, FL 33154**

Mailing Address  
**8816 COLLINS AVENUE  
203  
SURFSIDE, FL 33154**

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

**1835 NE Miami Garden Dr**

Suite, Apt. #, etc.

**# 270**

City & State

**Miami FL**

Zip

**33179**

Country

**USA**

3. Mailing Address

**1835 NE Miami Garden Dr**

Suite, Apt. #, etc.

**# 270**

City & State

**Miami FL**

Zip

**33179**

Country

**USA**

04122008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**26-0240904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHNITZER, GERALD S  
3100 N 29 COURT  
200  
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

**Aristides Fernandez**

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

**1770 W Flagler ST**

City

**Miami**

FL

Zip Code

**33135**

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

*Aristides Fernandez*

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/08**

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  
BAUTISTA, LEONARDO E  
8816 COLLINS AVENUE #203  
SURFSIDE, FL 33154** ☒ 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

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  
**MGRM  
BAUTISTA, LEONARDO E  
1835 NE Miami Garden Dr #270  
Miami FL 33179** ☒ 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

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

Date

Daytime Phone #

**4/26/08**