


2008 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

DOCUMENT # L07000059644

1. Entity Name
LAS 6 K, LLC



FILED
08 SEP -4 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7778 N.W. 116TH AVENUE
MIAMI, FL 33178

Mailing Address
7778 N.W. 116TH AVENUE
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



09022008 Chg-LLC CR2E083 (12/06)

4. FEI Number
74-3217577

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J ESQ
TERMINELLO & TERMINELLO, P.A.
2700 S.W. 37TH AVENUE
MIAMI, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Amended AR is \$50.00

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINILLA, CARLOS 7778 N.W. 116TH AVENUE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINILLA, DAVID 7778 N.W. 116TH AVENUE MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michelle Kubal by P.O.A.* **9-2-08** 305-444-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L07000059644

FILED
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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

POWER OF ATTORNEY

Known All Men By These Presents:

That **DAVID PINILLA** as **MANAGER** of **LAS 6 K, LLC.** , has constituted and appointed, and by these presents does make, constitute and appoint **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** true and lawful attorneys for him and in his name, place and stead;

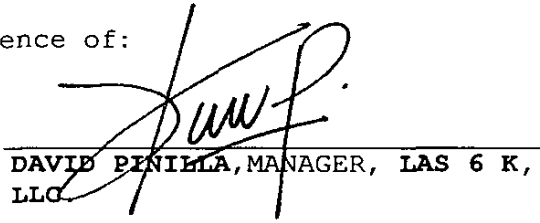
This instrument authorizes **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** to: Receive or obtain any and all confidential information; submit any changes to any part of any application; have full power to perform any act or acts necessary and appropriate; and to substitute for said taxpayer, applicant, permit holder or licensee, solely, specifically, and exclusively in conjunction with a zoning application and/or an alcoholic beverage license application, before the State of Florida's Department of Revenue; Department of Public Health; Division of Hotels and Restaurants; the Division of Alcoholic Beverages and Tobacco; and the City of MIAMI and MIAMI-DADE County's Building and Zoning Department.

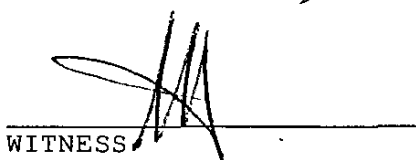
Giving and granting unto **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** said attorneys full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as he might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** said attorneys or their substitutes shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 2 day of September in the year two thousand eight.

Sealed and delivered in the presence of:


WITNESS


DAVID PINILLA, MANAGER, LAS 6 K, LLC.


WITNESS



