


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000059961		
1. Entity Name TORRES & SANTIAGO, LLC		

Principal Place of Business 1185 WILDWOOD LAKES BLVD 202 NAPLES, FL 34104 US	Mailing Address 1185 WILDWOOD LAKES BLVD 202 NAPLES, FL 34104 US
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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

FILED

08 SEP 17 PM 3:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



09052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-53420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRES, JOSELUIS 1185 WILDWOOD LAKES BLVD 202 NAPLES, FL 34104		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 Jose Luis Torres DATE 9/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTIAGO-TORRES, TESSIE 1185 WILDWOOD LAKES BLVD UNIT 202 NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136149923 09/19/08--01042--014 ***138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemption's 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: Tessie Santiago-Torres DATE 9/1/08 DAYTIME PHONE # 239 961 4692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE