## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 18, 2008 8:00 am Secretary of State

DOCUMENT # L07000061243  1. Entity Name FU JIA, LLC					02-18-2008 90078 001 ***138.75				
Principal Place of Business  13468 SW.23 STREET, MIRAMAR, FL 33027  Mailing Address  13468 SW 23 STREET MIRAMAR, FL 33027			<i>J</i>			60009000			
	lace of Business - No P.O. Box # 2 SW 67 Ave #, etc.	3. Mailing Address  1032 SW  Suite, Apt. #, etc.	67 A	lve	02152008	Chg-LLC	CR2E083 (12/06	<b>                                     </b>	
City & State	mı EL	City & State	F L		4. FEI Num		00	Applied For	
33 <b>0</b>	44 MAMI-DADE	Zip 33144	miAr.	ni-DADL	<del>                                     </del>	te of Status Desired	\$5.00 A Fee Requi	dditional	
*	6. Name and Address of Current R	egistered Agent		<del></del>	7. Name an	d Address of New Re	egistered Agent		
TAO, TONY 13468 SW 23 STREET MIRAMAR, FL 33027				Name Chen, Chun  Street Address (P.O. Box Number is Not Acceptable)					
				1032 SW 67 Ave.					
				Dity Mi	am i		FL Zip Co	33144	
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent are			office or registe		oth, in the State of Flor	rida. I am familiar wit	n, and accept - 08	
	NOWIII FEE IS \$138.75 , 1, 2008 Fee will be \$538.75	Maria de la compansión				Make Florida	check payable to Department of Sta	ite	
9.	MANAGING MEMBER	IS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE . NAME . STREET ADDRESS	MGR CHEN, CHUN 13468 SW 23 STREET	☐ Delete	TITLE NAME STREET AC		ng_X1,		Change		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-	ZIP 134	88 SW	23 81 M	IRAMAR PI	l 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷ ,,	☐ Delete	TITLE NAME STREET AE CITY-ST-	DDRESS		•	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-			<b>-</b>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC			-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-3	DDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE NAME STREET AD CITY-ST-	DDRESS	<del></del>		☐ Change	Addition	
11. I hereby o	pertify that the information supplied with the on this report is true and accurate and the contract of the con	his filing does not qualify fo	r the exempt	tions contained	in Chapter 119	9, Florida Statutes. I fur	ther certify that the in	formation	