

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068845

FILED
Sep 19, 2008
Secretary of State

Entity Name: OLEO ART & COMUNICATIONS, LLC

Current Principal Place of Business:

5090 SW 64TH AVE
107-B
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5090 SW 64TH AVE
107-B
DAVIE, FL 33314

New Mailing Address:

FEI Number: 26-2163352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAMIREZ, RUBEN D
5090 SW 64TH AVE
107-B
DAVIE, FL 33314 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: MUNOZ, ELIZABETH M
Address: 5090 SW 64TH AVE
City-St-Zip: DAVIE, FL 33314

Title: VD () Delete
Name: RAMIREZ, RUBEN D
Address: 5090 SW 64TH AVE
City-St-Zip: DAVIE, FL 33314

Title: TD (X) Delete
Name: DE JESUS, DANIEL E
Address: 5090 SW 64TH AVE
City-St-Zip: DAVIE, FL 33314

Title: SD (X) Delete
Name: DE DE JESUS, ESTELA M
Address: 5090 SW 64TH AVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH MUNOZ

PD

09/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date