


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2008 8:00 am
Secretary of State

07-14-2008 90100 012 ***143.75

DOCUMENT # L07000073535	
1. Entity Name MEMBER WHEN ENTERPRISES, LLC	

Principal Place of Business 10382 SW 141 ST. MIAMI, FL 33176 US	Mailing Address 10382 SW 141 ST. MIAMI, FL 33176 US
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30010943



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

07122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-0538671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CALIENES, VIVIAN M 10382 SW 141 ST. MIAMI, FL 33176

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 reappointing) DATE _____

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALIENES, VIVIAN M 10382 SW 141 ST. MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 606, Florida Statutes.

SIGNATURE: Vivian M Calienes

7-15-08 305-804-0521