## **2008 LIMITED LIABILITY COMPANY**

## FILED Jan 07, 2008 8:00 am

DOCUMENT # L07000073655		ANNUAL	REPORT				Secret	ary	01 2	tate	
3099 WEST 41H AVE	1. Entity Name						<del>_</del>				
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   City & State   City	3099 WEST 4TH AVE.		3099 WEST 4TH AVE.		WE 15						
City & State	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01042008	3 Chg-LLC CR2E083 (12/06)					
S. Certificate of Status Segred   Fee Required	City & State		City & State		4. FEI Numb						
SONZALEZ, INDALECIO 3099 WEST 4TH AVE HIALEAH, FL 33012	Zip	Country	Zip	Country		5. Certificate	e of Status Desired				
SONZALEZ, INDALECIO 3099 WEST 4TH AVE.   HALEAH, FL 33012   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	d Address of New R	egistered A	gent	,	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature hand to price direct of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tax flamillar with, and accept the obligations of registered agent.    International Planing State of Planing State of Rose and Rose agent and the research agent registered agent, or both, in the State of Rose and Rose agent and the research agent registered agent.   International Planing Sta	3099 WEST 4TH AVE.			-							
SIGNATURE   Signature, typeod or printed name of registered agent and thin it applicable.   INDIE Registered Agent synature receited who receited wh	ŕ			(	City			FL	Zip Code	9	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75    MANAGING MEMBERS / MANAGERS   10.   ADDITIONS/CHANGES   AD			r the purpose of changing its i	registered	office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept	
After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS / MANAGERS  IIILE MANAE GONZALEZ (NALECIO SIRETADORESS CITY-S1-ZIP  IIILE MARE GONZALEZ, IRMA GONZALEZ, IRMA GONZALEZ, IRMA SIRETADORESS CITY-S1-ZIP  IIILE MARE SIRETADORESS	SIGNATURÉ .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Ag	gent signature requ	uired when reinstating)		DATE			
MGRM   Delete   MAME   GONZALEZ   INALECIO   SIREI ADDRESS   GIV-S1-ZP   HIALEAH, FL 33012   MAME										• •	
NAME SIRET ADDRESS CITY-ST-ZPP HIALEAH, FL 33012  ITILE NAME SIRET ADDRESS CITY-ST-ZPP NAME ONZALEZ, IRMA SIRET ADDRESS CITY-ST-ZPP HIALEAH, FL 33012  ITILE NAME SIRET ADDRESS CITY-ST-ZPP HIALEAH, FL 33012  ITILE NAME SIRET ADDRESS CITY-ST-ZPP	9.	MANAGING MEMBE	RS/MANAGERS	10.		<del></del>	ADDITIONS	/CHANGES	•		
NAME STREET ADDRESS CITY-ST-ZIP HALEAH, FL 33012  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	GONZALEZ (INALECIO) 3099 WEST 4TH AVE.	☐ Delete	NAME STREET A	ADDRESS	CNZALEZ	INDALE	C10	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	GONZALEZ, IRMA 3099 WEST 4TH AVE.	☐ Delete	NAME STREET #					Change	Addition	
NAME	NAME STREET ADORESS		☐ Delete	NAME STREET					☐ Change	☐ Addition	
NAME         NAME           SIRLET ADDRESS         SIRLET ADDRESS           CITY-S1-ZIP         CITY-S1-ZIP           TITLE         □ Delete         IIILE         □ Change         □ Addition           NAME         NAME           SIREET ADDRESS         STREET ADDRESS         STREET ADDRESS           CITY-S1-ZIP         CITY-S1-ZIP	NAME STREET ADORESS		☐ Delete	NAME STREET					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP	NAME STRLET ADDRESS		☐ Delete	NAME STREET	l l				Change	Addition	
	NAME STREET ADDRESS CITY-S1-ZIP			NAME STREET /	- ZIP	and in Chapter 115	) Elevido Statutos 14	rethor a califu			

r nereby certify that the information supplied with this iting does not quality for the exemptions contained in Unapter 119, Horida 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.

SIGNA	<b>NTUR</b>	E:

SIGNATURE AND TYPED OR PAINTED WAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-4-08

305-838-8489 Daytime Phone #