## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **FILED** Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # L0/0000/4599  1. Entity Name THE FIRM GARRIDO, MEDEROS & ASSOCIATES, LLC							03-31-2008	90274 04	ł1 ***138	3.75	
Principal Place of Business 5835 BLUE LAGOON DRIVE 302 MIAMI, FL 33126			Mailing Address 5835 BLUE LAGOON DRIVE 302 MIAMI, FL 33126			1 10 8 (10 10 10	T TO BE INDIVIDUAL CORE CONTRACTOR	1 <b>60</b> (1) 100(1 <b>\$</b> (0	Of Oleno Lunie I Di	<b>fo:</b> (() ( <b>TT</b> )	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152008	Chg-LLC	CR2E08	33 (12/06)		
City & State			City & State			4. FEI Numb	er			plied For at Applicable	
Zip	Country		Zip Coun		try		5. Certificate of Status Desired See Required \$5.00 Additional Fee Required				
	6. Name and Ad	Idress of Current R		7. Name and Address of New Registered Agent							
MEDEROS	S, ZANDRA				Name						
1008 COR MIAMI, FL	ÁL WAY		Street Address			per is Not Acceptable	)				
				City				Zip Code	<del></del>		
	named entity submi		· · · · · · · · · · · · · · · · · · ·	stered agent, or bo	oth, in the State of Flo	FL rida. I am f	<u> </u>				
SIGNATURE .	,		d title d applicable (NOT	E. Bogaraya	d Annal signatura casa			DATE		<del></del>	
	Signature, typed or printed	name or registered agent an	d use it appaicable. (NO?	c. negistere	d Agent signature requ	ased wied telustratudi	<u> </u>	UAIE			
	NOW!!! FEE !: / 1, 2008 Fee w							e check pa Departme	ayable to ent of State	B	
9.		ANAGING MEMBER	S /MANAGERS	10.			ADDITIONS/	CHANCEC		<u>.</u>	
TITLE	MGR	ANAGING MEMBER	Delete	TITLE	. 1	<del>.</del>	ADDITIONS/	UNANGES	☐ Change	Addition	
NAME	ZANDRA, MEDE	ROS	L Delete	NAM					change	Monthou	
STREET ADDRESS	1008 CORAL W				ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 3313		CITY		-ST-ZIP						
TITLE	MGR	NOD 0	☐ Delete	TITU					☐ Change	Addition	
NAME	GARRIDO, LEO		NAME								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
	MIAMI, FL 3318		□ Delete	TITLE					☐ Change	☐ Addition	
TITLE NAME	ļ		LI Delete	NAM	1				C. Cirkude	L. Auginosi	
STREET ADDRESS	1				ET ADDRESS						
CITY-ST-ZIP		•		1	- ST-ZIP						
TITLE			☐ Dēlete	TITLI					☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-\$T-ZIP					ET ADDRESS - ST-ZIP						
				-						- Addising	
TITLE NAME			☐ Delete	TITLI					☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL	:	-			☐ Change	☐ Addition	
NAME	1			NAM	ε						
STREET ADDRESS	1				ET ADDRESS						
CITY-ST-ZIP				!	-ST-ZIP						
11. I hereby indicated limited lia	certify that the inform t on this report is true ability company or th	nation supplied with e and accurate and t e receiver or trustee	this filing does not qualify fo hat my signature shall have empowered to execute this	r the exe the same report as	mptions containe e legal effect as s required by Ch	ed in Chapter 119 if made under oat apter 608, Florida	l, Florida Statutes. I fu h; that I am a manag Statutes.	irther certify jing membe	that the info r or manage	rmation r of the	