

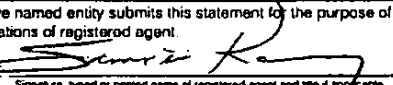
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

04-15-2008 90115 041 ***138.75

30010078



DOCUMENT # L07000084534					
1. Entity Name SAMIRA RAMIREZ LLC					
Principal Place of Business 325 S BISCAYNE BLVD UNIT 2618 MIAMI, FL 33131			Mailing Address PO BOX 795 KEY BISCAYNE, FL 33149		
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMIREZ, SAMIRA 325 S BISCAYNE BLVD UNIT 2618 MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR			TITLE	
NAME	RAMIREZ, SAMIRA	☐ Delete		NAME	
STREET ADDRESS	PO BOX 795			STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE, FL 33149			CITY - ST - ZIP	
TITLE	MGR			TITLE	
NAME	ACOSTA, ADALGISA	☐ Delete		NAME	
STREET ADDRESS	PO BOX 795			STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE, FL 33149			CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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 608, Florida Statutes.					
SIGNATURE: 				3/26/2008 - 786-426-5767	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

ATTACHMENT

Po box 795
Key Biscayne florida 33149

30010078
#107000084534

Samira Ramirez llc

June 25, 2008

Florida Department of state ,
Division of Corporation

Dear Sir or Madam:

Please find attached form with the information you requested , FEI 770697984 corresponding to
Samira Ramirez LLC.

Any other question do not hesitate and contact me at :

Samira Ramirez.

786-426-5767 Mobile.

Or Po box 795

Key Biscayne, florida 33149

Sincerely,

Samira Ramirez.

Serving Your Miami real estate needs.