2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000088088



FILED Feb 13, 2008 8:00 am Secretary of State

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City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Signature 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Server Address (P.O. Box Number is Not Acceptable) Name Server Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept	2Principal Place of Business - No P.O. Box # 3. Malling Address -									
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E. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUSTILLY NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State P. MANAGING MEMBERS/MANAGERS ITILE MARK BUSTILLO, VICENTE A SIRETADORES CITY-ST-2P MIAMI, FL 33165 THE MAKE SIRETADORES CITY-ST-2P THE MAKE SIRETADORESS CITY-ST-2P	8990 S.W. 24 STREET, #18									
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1. 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	STREET ADDRESS CITY-ST-ZIP									