## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L07000093475

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## FILED Apr 28, 2008 08:00 AN Secretary of State

Proceedings of Data Processes  Processes Processe	1. Entity Nam LIQUID S						ecret	ary (	JI State
Suite. April. # cfc.     Suite. April. # cfc.     04282008     Chy-LLC     CR2E083 (12/06)       Cory & Suite     Chy & Suite     Chy & Suite     A. #El Number     A. #El Number     Applied Cor.       JARVIS & ASSOCIATES, P.A. 233 CATALONIA AVENUE     Suite Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of Current Registered Agent     Name       JARVIS & ASSOCIATES, P.A. 233 CATALONIA AVENUE     Suite Address of New Registered Agent     7. Name and Address of New Registered Agent     State Address of New Registered Agent       JARVIS & ASSOCIATES, P.A. 233 CATALONIA AVENUE     State Address of New Registered Agent     Chy     FL     Zp Code       CORAL GABLES, FL 33134     State Address of New Registered Agent     Name     State Address of New Registered Agent     State Address (P.O. Box Number 's Not Acceptable)       SIGMATURE     The above named entry submits this statement for the purpose of changing its registered agent, or box, in the State of Parka, and accept the distance agent, State New Registered Agent, or box, in the State of Parka, and accept the distance agent, State New Registered Agent, or box, in the State Of Parka, and Address agent, State New Registered Agent, and Address ag	1300 CORAL Suite 301	WAY	1300 CORAL WAY Suite 301		]	- Faranda on deningn den ren ren ren r			
City & State         City & City & State         City & State         City & Cit	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Zip         Country         Zip         Country         S. Gertificate of Status Desired         \$5.00           Annual and Address of Current Registered Agent         Name and Address of New Registered Agent         Name           APVIS & ASSOCIATES P.A.         Sasted Address of New Registered Agent         Name           283 CGATALONIA AVENUE         Street Address of New Registered Agent         Name           283 CGATALONIA AVENUE         Street Address of New Registered Agent         City         FL         Zip Code           Control (GATALONIA AVENUE)         Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zip Code           Control (GATALONIA AVENUE)         Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zip Code           Control (GATALONE)         The abbor nemotion mitry submits the satement for the purpose of changing its registered agent, or box, in the State of Park de Logence Agent agent, agent agent, or box, in the State of Park de Logence Agent agent, agent agent agent, agent	Suite, Apt.	#, etc.	Suite. Apt. #, etc.			04262008 Chg-LLC	CR2E08	3 (12/06)	
Command underse of Aver Registered Agent     Command Address of New Registered Agent     T. Name and Address of New Registered Agent     T. Name and Address of New Registered Agent     Anne     Street Acdress (P.O. Box Number is Not Acceptable)     CORAL GABLES, FL 33134     Cory     CORAL GABLES, FL 33134     Cory     CORAL GABLES, FL 33134     Cory     Core and address of New Registered agent.     Street Acdress (P.O. Box Number is Not Acceptable)     Street Acdress (P.O. Box Number is Not Acce	City & State	e	City & State			4. FEI Number			
JARVIS & ASSOCIATES, P.A. 283 CATALONIA AVENUE SUITE 200 CORAL GABLES, FL 33134     None       Street Address (P.O. Box Number is Not Accessable)     Street Address (P.O. Box Number is Not Accessable)       City     FL     Zip Code       8. The above named onthy submits this submement for the purpose of changing its registered agent, or both, in the State of Piorida. Tem Banillar with, and access me obligations of registered agent.     INTE:       SIGNATURE     The Normal Indeview interment of the purpose of changing its registered agent, or both, in the State of Piorida. Tem Banillar with, and access me obligations of registered agent.     INTE:       SIGNATURE     The Normal Indeview interment of the purpose of changing its registered agent, or both, in the State of Piorida. Tem Banillar with, and access me obligations of registered agent.     INTE:       SIGNATURE     The Normal Indeview interment of the purpose of changing its registered agent, or both, in the State of Piorida. Tem Banillar with, and access me obligations of registered agent.     INTE:       SIGNATURE     Make Check payable fell of the with the statement of the purpose of the pu	Zip	Country	Zip	Country		5. Certificate of Status Desired			
283 CATALONIA AVENUE SUITE 200 CORAL GABLES, FL 33134       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         City       FL       Zip Code       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City or Dox Not Not Acceptable)         Street Advector of registered agent, or Dox Not Not Acceptable)       Make or Dox Not Not Acceptable)       Make or Dox Not Not Acceptable)       City or Dox Not Not Not Acceptable)         Street Advector May 1, 2008 Fee with Be State Acceptable is registered agent, or Dox Not Not Acceptable is Not Acceptable)       City or Dox Not		6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Rep	gistered Ag	ent	
CORAL GABLES, FL 33134 City City FL Zip Code City FL Zip	283 CATALONIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
Change and a second a secon						······································			
The obligations of registered agent.  SIGNATURE  SIGNATURE SI	0 The should					and an end on halfs in the Otele of Fire)			
Determinant     Determinant     (MOTE: Regression Apert Signature resulted view restration)     Date       FILE NOWEIL FEE IS \$138.75 After Maxy 1, 2008 Fee will be \$538.76       9.     MANAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES       9.     MANAGING MEMBERS/MANAGERS     Intel     Change     Addition       NME     JARAMILLO, EDWARD T     SIRET ADDRESS     Intel     Change     Addition       NME     Deleb     TITLE     Intel     Change     Addition       NME     SIRET ADDRESS     Intel     Change     Addition       SIRET ADDRESS     Intel     Intel     Intel     Intel       NME     Intel     Intel     Intel     Intel     Intel       NME     Intel     Intel     Intel     Intel     Intel       NME     Intel <t< td=""><td>the obligat</td><td></td><td>r the purpose of changing it</td><td>is register</td><td>ed office of register</td><td>red agent, or both, in the State of Fiori</td><td></td><td>milar with,</td><td>and accept</td></t<>	the obligat		r the purpose of changing it	is register	ed office of register	red agent, or both, in the State of Fiori		milar with,	and accept
9.       MANAGING MEMBERS/MANAGERS       10.       ADDITIONS/CHANGES         ITLE       MGRM       Dates       TILE       Change       Addition         STRET ADDRSS       1300 CORAL WAY, SUITE 301       STRET ADDRSS       STRET ADDRSS       Change       Addition         ITLE       MAMM, FL 33145       Dates       TTLE       MAME       Change       Addition         ITLE       IDDEED       ITLE       Change       Addition       MAC         ITLE       IDDEED       TTLE       Change       Addition         ITLE       IDDEED       TTLE       IDDEDDDDS25E23       IDDEDDDS25E23         ITLE       ITLE       ITLE       IDDEDED       ITLE       IDDEDDDDS25E23         ITLE       ITLE       ITLE       ITLE       IDDEDDDS25E23       ITLE       IDDEDDDS25E23         ITLE       ITLE       ITLE       ITLE       ITLE       IDDEDDDS25E23	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. {NO	TE: Registere	d Agent signature required	d when reinstating)	DATE	alon Story	1285456
TITLE       MGRM       Delete       TITLE       Change       Addition         NME       JARAMILLO, EDWARD T       NME       Street Addets       Image       Addition         Street Addets       Street Addets       Street Addets       Image       Addition         UTV-ST-2P       MIAMI, FL 33145       Delete       Title       Image       Addition         NME       Street Address       UD00009255623       Image       Addition         NME       Street Address       UD00009255623       Image       Addition         NME       Image	After May	/ 1, 2008 Fee will be \$538.75							
STRET ADDRESS       1300 CORAL WAY, SUITE 301       STRET ADDRESS         OTV-ST-2P       MIAMI, FL 33145       OTV-ST-2P         TILE       Delete       TILE       Change       Addition         NME       STRET ADDRESS       STRET ADDRESS       CTV-ST-2P       Addition         NME       STRET ADDRESS       CTV-ST-2P       CTV-ST-2P       CTV-ST-2P         TILE       Delete       TTLE       NME       Addition         NME       STRET ADDRESS       CTV-ST-2P       CTV-ST-2P       CTV-ST-2P         TILE       Delete       TTLE       NME       Addition         NME       STRET ADDRESS       CTV-ST-2P       CTV-ST-2P       CTV-ST-2P         TITLE       Delete       TTLE       NME       STRET ADDRESS       CTV-ST-2P       Addition </td <td></td> <td></td> <td></td> <td></td> <td>E</td> <td>AUDITIONS/C</td> <td></td> <td> Change</td> <td>Addition</td>					E	AUDITIONS/C		Change	Addition
NME     STRET ADDRESS       GITY-ST-2P     CITY-ST-2P       ITLE     Delete       TITLE     NME       STRET ADDRESS     U00000925623       GITY-ST-2P     CITY-ST-2P       ITLE     NME       STRET ADDRESS     U00000925623       GITY-ST-2P     CITY-ST-2P       STRET ADDRESS     U00000925623       GITY-ST-2P     CITY-ST-2P       STRET ADDRESS     CITY-ST-2P       GITY-ST-2P     CITY-ST-2P       STRET ADDRESS     CITY-ST-2P       GITY-ST-2P     CITY-ST-2P       ITLE     Delete       NME     NME       STRET ADDRESS     CITY-ST-2P       GITY-ST-2P     CITY-ST-2P       ITLE     NME       NME     STRET ADDRESS       GITY-ST-2P     CITY-ST-2P       ITLE     NME       NME     STRET ADDRESS       GITY-ST-2P     CITY-ST-2P       ITLE     NME       NME     STRET ADDRESS       GITY-ST-2P     CITY-ST-2P       ITLE     NME       STRET ADDRESS     STRET ADDRESS       GITY-ST-2P     CITY-ST-2P       ITLE     NME       STRET ADDRESS     STRET ADDRESS       GITY-ST-2P     CITY-ST-2P	STREET ADDRESS	1300 CORAL WAY, SUITE 301		STRE	EET ADDRESS				
NAME       NAME       U00000925623         GITV-ST-ZP       GITV-ST-ZP       05./20./08-80033-013 138.75         ITILE       Delete       TILE         NAME       ITILE       Change       Addition         NAME       STREET ADDRESS       GITV-ST-ZP       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       GITV-ST-ZP       CITV-ST-ZP       CITV-ST-ZP       Addition         NAME       STREET ADDRESS       STREET ADDRESS       GITV-ST-ZP       CITV-ST-ZP       Addition         NAME       Delete       TILE       CITV-ST-ZP       CITV-ST-ZP       Addition         NAME       STREET ADDRESS       STREET ADDRESS       GITV-ST-ZP       CITV-ST-ZP       Addition         NAME       STREET ADDRESS       STREET ADDRESS       GITV-ST-ZP       CITV-ST-ZP       CITV-ST-ZP       Addition         NAME       STREET ADDRESS       STREET ADDRESS       GITV-ST-ZP       CITV-ST-ZP       CITV-ST-ZP       Addition         NAME       STREET ADDRESS       GITV-ST-ZP       GITV-ST-ZP       CITV-ST-ZP       CITV-ST-ZP <td>NAME STREET ADDRESS</td> <td></td> <td>Delete</td> <td>NAM STRE</td> <td>e Eet address</td> <td></td> <td>[</td> <td>_] Change</td> <td>Addition</td>	NAME STREET ADDRESS		Delete	NAM STRE	e Eet address		[	_] Change	Addition
NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         TITLE       Delete         NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         TITLE       Delete         NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         TITLE       NAME         STREET ADDRESS       CITY-S1-2IP         CITY-S1-2IP       CITY-S1-2IP         TITLE       NAME         STREET ADDRESS       CITY-S1-2IP         TITLE       Delete         TITLE       CITY-S1-2IP         TITLE       CITY-S1-2IP         TITLE       Delete         TITLE       CITY-S1-2IP	NAME STREET ADDRESS		🛄 Delete	NAM STRE	e Et address	U000009 05/20/08-8	25623		
NAME       STREET ADDRESS         CITY-S1-ZIP       CITY-ST-ZIP         TITLE       Delete         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       Change         Addition         NAME         STREET ADDRESS         CITY-ST-ZIP         I1. 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 rule and appropriation 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 rule and appropriation 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 rule and appropriate to execute this report as required by Chapter 608, Florida Statutes.         SIGNATURE:       SIGNATURE:	NAME STREET ADDRESS		Delete	NAM	E ET ADDRESS		(	Change	Addition
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 tole and accorate and that any 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 emportiered to execute this report as required by Chapter 608, Florida Statutes.       SIGNATURE:     SIGNATURE:	NAME STREET ADDRESS		Delete	NAM STRE	E ET ADDRESS		[	Change	Addition
SIGNATURE: 4-25-08 305-46/-5822	NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE CITY	E EET ADDRESS • ST - ZIP				
	limited liai			s report as	s required by Chapi	4-25-08	305-9	46/~4	