


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90038 047 \*\*\*138.75

<b>DOCUMENT # L07000094342</b>		
1. Entity Name CECILIA NUNEZ DE VILLAVICENCIO LLC		

**60037678**



Principal Place of Business <del>17237 NW 8 STREET</del> <del>PEMBROKE PINES, FL 33029</del> US	Mailing Address <del>17237 NW 8 STREET</del> <del>PEMBROKE PINES, FL 33029</del> US
---	---

2. Principal Place of Business - No P.O. Box # <b>701 N. PINE ISLAND RD</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>204</b>		Suite, Apt. #, etc.	
City & State <b>PLANTATION, FL</b>		City & State	
Zip <b>33324</b>	Country <b>USA</b>	Zip	Country

04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-1154769</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  NUNEZDEVILLAVICENCIO, CECILIA <del>17237 NW 8 STREET</del> <del>PEMBROKE PINES, FL 33029</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>701 N. PINE ISLAND ROAD, # 204</b> City <b>PLANTATION</b> FL Zip Code <b>33324</b>	
---	--	---	--


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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NUNEZ DE VILLAVICENCIO, CECILIA <del>17237 NW 8 STREET</del> <del>PEMBROKE PINES, FL 33029</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NUNEZ DE VILLAVICENCIO, CECILIA <b>701 N. PINE ISLAND ROAD, APT. 204</b> <b>PLANTATION, FL 33324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/28/08** (561) 512 2815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #