

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90114 031 \*\*\*138.75

**60023594**



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1123053** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L07000095139**

1. Entity Name  
**360 INVESTMENT PROPERTIES LLC**



Principal Place of Business  
**1018 WEST 64TH STREET  
HIALEAH, FL 33012**

Mailing Address  
**1018 WEST 64TH STREET  
HIALEAH, FL 33012**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

**ESTEVAN, ERNESTO L  
1018 WEST 64TH STREET.  
HIALEAH, FL 33012**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 reinstating) 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	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCOS, DAVID A			NAME			
STREET ADDRESS	1018 WEST 64TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCOS, OLGA L			NAME			
STREET ADDRESS	1018 WEST 64TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTEVAN, ERNESTO			NAME			
STREET ADDRESS	1018 WEST 64TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTEVAN, LISSET			NAME			
STREET ADDRESS	1018 WEST 64TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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:** *Ernesto Estevan* **04-06-08 305-538-4733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #