## 2008 LIMITED LEBILITY COMPANY ANNUAL REPORT

## **FILED**

DOCUMENT # L07000101638

2978 WENTWORTH, LLC



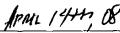
Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90154 039 \*\*\*138.75

Principal Place of Business Mailing Address 50004562 C/O NICOLAS FERNANDEZ, P.A. C/O NICOLAS FERNANDEZ, P.A. 10 N.W. LE JEUNE ROAD, SUITE 500 10 N.W. LE JEUNE ROAD, SUITE 500 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 CR2E083 (12/06) Chg-LLC X Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. LE JEUNE ROAD SUITE 500 MIAMI, FL 33126 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE Addition ☐ Delete MGRM NAME NAME JESUS R. SOTO 2978 WENTWORTH WESTON, FL 33332 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- 7IP CITY - S1 - ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS SINEE I ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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: _		
	ND TYPED OR PRINTED NAME OF SIGNING MANAGING ME	MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



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