

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

04-28-2008 90061 014 ***138.75

DOCUMENT # L07000107310

1. Entity Name
EXPERT PROPERTY MANAGEMENT LLC



Principal Place of Business
**18001 OLD CUTLER RD #476
MIAMI, FL 33157**

Mailing Address
**18001 OLD CUTLER RD #476
MIAMI, FL 33157**

30007633

2. Principal Place of Business - No P.O. Box #
18955 SW 168 St
Suite, Apt. #, etc.

3. Mailing Address
18955 SW 168 St
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
26-1259901

Applied For
☐ Not Applicable

Zip
33187 Country
US

Zip
33187 Country
US

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, VIVIAN A
18001 OLD CUTLER RD #476
MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name
Vivian A. Rodriguez
Street Address (P.O. Box Number is Not Acceptable)

18955 SW 168 St
City **Miami** FL Zip Code **33187**

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 **Vivian A. Rodriguez** **VIVIAN A. RODRIGUEZ 4/9/08**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RODRIGUEZ, VIVIAN A
18001 OLD CUTLER RD #476
MIAMI, FL 33157** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**18955 SW 168 St
Miami, FL 33187** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Vivian A. Rodriguez** **VIVIAN RODRIGUEZ** **4/9/08** **(305) 234-3004**
Signature, AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #