

ent By: ALBOLAW;

3054446180;

Fe

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90188 017 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000109378

Entity Name
GENITO, LLCPrincipal Place of Business
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134Mailing Address
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

60042184



1. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008

Chg-LLC

QR2E083 (12/06)

City & State

City & State

4. FEI Number

#26-2339551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBORNOZ, WILLIAM H.
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

MGR
SEVCEC, PEDRO
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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1. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Pedro Sevcec

2/7/08

305-444-1741

Daytime Phone #