## 2008 LIMITED LIABILITY COMPANY

## Jun 09, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L07000109913** 06-09-2008 90227 023 \*\*\*138.75 1. Entity Name LAS MATAS REALTY, LLC Principal Place of Business Mailing Address ~**COC**OUUUG 4122 NW 60TH CIRCLE 4122 NW 60TH CIRCLE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06012008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7...Name and Address of New Registered Agent-CABANAS, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26TH STREET STE C201 DORAL, FL 33172 Zip Code City 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. FILE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Delete TITLE ☐ Addition TITI F ☐ Change COIRAN, DAVID E NAME NAME STREET ADDRESS 4122 NW 60TH CIRCLE STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DE COIRAN, EDELMA BEATRIZ 4122 NW 60TH CIRCLE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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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 fimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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