


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90146 001 ***138.75
05-01-2008 90146 002 *****5.00

00000404

DOCUMENT # L07000111229	
1. Entity Name MARIANA & ASSOCIATES LLC	

Principal Place of Business 17094 COLLINS AVE. APT A-410 SUNNY ISLES BEACH, FL 33160	Mailing Address JESUS VEGA - MUN 6191 11010 N.W. 30TH ST. SUITE 104 MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 7377 NW 174th Ter # B100 Miami, FL 33015 City & State USA
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01272008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HULETT, ERIKA 17094 COLLINS AVE. APT A-410 SUNNY ISLES BEACH, FL 33160	7. Name and Address of New Registered Agent Name HULETT, ERIKA Street Address (P.O. Box Number is Not Acceptable) 7377 NW 174th terrace #B100 City MIAMI FL Zip Code 33015
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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 E/R Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGA, JESUS 17094 COLLINS AVE. APT A-410 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIANA & ASSOCIATES LLC ERIKA HULETT / Jesus Vega 7377 NW 174th ter #B100 MIAMI, FL, 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: E/R SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	04/25/2008 Date	7862908552 Daytime Phone #
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