

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90174 031 ***138.75

60015605



01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1378505.** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GUZMAN, MARIO I
GUZMAN & GUZMAN, P.A.
9130 S. DADELAND BLVD., SUITE 1600
MIAMI, FL 33156

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete
NAME MGRM
STREET ADDRESS MARQUEZ, HECTOR E
CITY-ST-ZIP 9130 SOUTH DADELAND BLVD., SUITE 1600
MIAMI, FL 33156

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ESCALES DE MARQUEZ, CARMEN L
CITY-ST-ZIP 9130 SOUTH DADELAND BLVD., SUITE 1600
MIAMI, FL 33156

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS MARQUEZ, IGNACIO F
CITY-ST-ZIP 9130 SOUTH DADELAND BLVD., SUITE 1600
MIAMI, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☒ Addition
NAME **VICTORIA M. MARQUEZ**
STREET ADDRESS **9130 S. DADELAND BLVD., SUITE 1600**
CITY-ST-ZIP **MIAMI FL 33156**

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

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

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: Hector E. Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/26/2005 (305) 670-1991
Date Daytime Phone