

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113962

FILED
Feb 06, 2008
Secretary of State

Entity Name: MI REY L.L.C.

Current Principal Place of Business:

3014 W WILDER AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3014 W WILDER AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 26-1909965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, MISAEL
3014 W WILDER AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CRUZ, MYZAEEL
3014 W WILDER AVE
TAMPA, FL 33614 US

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.

SIGNATURE: MYZAEEL CRUZ AMADOR

02/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IGLESIAS, REYNALDO
Address: 12351 SOUTH BRIDGE TR
City-St-Zip: HUDSON, FL 34669

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRUZ AMADOR, MYZAEEL
Address: 3014 W. WILDER AVE
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Change (X) Addition
Name: MARTIN MOREIRA, DUNIER
Address: 7213 BLOSSOM AVE
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Change (X) Addition
Name: FILLOR CURBELO, ALFREDO
Address: 3819 W. KIRBY ST
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MYZAEEL CRUZ AMADOR

MGR

02/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date