

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90097 027 \*\*\*138.75

<b>DOCUMENT # L07000115772</b> 1. Entity Name <b>FATES ELITE HOLDING, LLC</b>					
Principal Place of Business <b>1809 NE 2ND AVENUE MIAMI, FL 33132</b>			Mailing Address <b>1809 NE 2ND AVENUE MIAMI, FL 33132</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>DURAN, LAWRENCE 1809 NE 2ND AVENUE MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>DURAN, LAWRENCE</b> <b>1809 NE 2ND AVENUE</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>VALERA, MARIANELLA</b> <b>1801 NE 2ND AVENUE</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>NEGRON, JUDITH C</b> <b>1809 NE 2ND AVENUE</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>DE LA CRUZ ACEVEDO, MARGARITA</b> <b>1809 NE 2ND AVENUE</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>DE LA CRUZ ACEVEDO, MARGARITA</b> <b>1809 NE 2ND AVENUE</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>DE LA CRUZ ACEVEDO, MARGARITA</b> <b>1809 NE 2ND AVENUE</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				7/10/08 (305) 416-5193 <small>Date Daytime Phone #</small>	

