
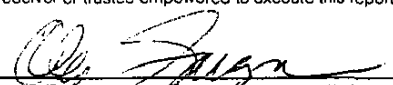


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

07-14-2008 90097 006 ***143.75

DOCUMENT # L07000125685 1. Entity Name MANTILLA-WOLF LLC					
Principal Place of Business 13403 KINGSBURY DR WELLINGTON, FL 33414			Mailing Address 13403 KINGSBURY DR WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05262008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 68-0676530	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOZA, JORGE 13403 KINGSBURY DR WELLINGTON, FL 33414				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 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANTILLA, LUIS 13403 KINGSBURY DR WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANTILLA, MARIA FERNANDA 13403 KINGSBURY DR WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANTILLA, JOSE LUIS 13403 KINGSBURY DR WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date July 8, 08 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Olga Saizarkitona					

ATTACHMENT
300/0855 —

Iñaki Saizarbitoria, Esq., P.A.

ATTORNEY AT LAW
21 S.W. 15 Rd., Suite 200
Miami, FL., 33129
Telephone (305) 374-4106
Facsimile (305) 374-5043
inakilaw@bellsouth.net

TO AVOID ANY DELAY,
THE ENCLOSED DOCUMENT IS SENT
WITHOUT A COVER LETTER
