

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

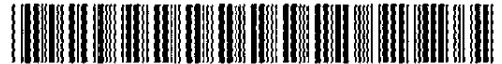
DOCUMENT # L97000000371

1. Entity Name
DECO PALMS, L.C.



Principal Place of Business
**13762 NW 11TH CT
PEMBROKE PINES, FL 33028 US**

Mailing Address
**13762 NW 11TH CT
PEMBROKE PINES, FL 33028 US**



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0747015

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JARAMILLO, RAFAEL
13762 NW 11TH CT.
PEMBROKE PINES, FL 33028**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME JARAMILLO, RAFAEL
STREET ADDRESS 13762 NW 11TH CT.
CITY-ST-ZIP PEMBROKE PINES, FL 330282351

TITLE VD
NAME RESTREPO, SUSAN
STREET ADDRESS 13762 NW 11TH CT
CITY-ST-ZIP PEMBROKE PINES, FL 330282351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U00000401350
02/02/06-80040-024 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/10/06

Date

Daytime Phone #