

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 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



01122007 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, 2007**

1100000593292
01/22/07-80026-003 50.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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

01/11/07 (954) 443-1824

Date

Daytime Phone #