

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000127

1. Entity Name
ARANGO & GARCIA-MORERA, L.L.C.



Principal Place of Business
1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-0818109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA-MORERA, ENRIQUE J
1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

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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 _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

000000854045
07/10/08-800009-003 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGRM
GARCIA-MORERA, ENRIQUE J
1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
MGRM
ARANGO, ELSA M
1414 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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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

7/8/2008

Date

Daytime Phone #