## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # L98000002725 1. Entity Name 03-27-2006 90050 048 \*\*\*\*50.00 TESLA MIAMI, L.C. Principal Place of Business Mailing Address 9010 SW 137TH AVE 9010 SW 137TH AVE SUITE 246 SUITE 246 MIAMI FL 33186 **MIAMI FL 33186** 2. Principal Place of Business 3. Mailing Address 13571 SW 135 AVE 13571 SW 135 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 57E ZO7 57E ZO7 City & State City & State 4. FEI Number Applied For 65-0898730 MIAMI MIAMI Not Applicable Zip 33186 Country Country \$5.00 Additional US US 5. Certificate of Status Desired 33/86 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRANAGA, ROBERTO ARRANAGA, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 9010 SW 137TH AVE SUITE\_246 1357! SW 135 AVE, 57E 207 **MIAMI FL 33186** City MIAM! 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 again and talle d applicable. (NOTE: Registered Agent sonable: required when reinstation) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change TITLE MGRM ☐ Delete TITLE Addition ARRANAGA, ROBERTO ARRANAGA, ROBERTO NAME 13571 SW 135 AUE 57E 207 STREE1 ADDRESS STREET ADDRESS 9010 S.W. 137TH AVE., SUITE 211 CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MIAMI FL 33186 Change MGRM ☐ Delete MGRM Addition RICARDO MACHADO VIEGA, RICARDO M NAME 13571 SW 135 AVE STE 207 STREET ADDRESS STREET ADDRESS 9010 SW 137TH AVE. SUITE 246 MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 \_\_ Delete. TITLE ☐ Change Addition THUE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

RICARDO MACHADO

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

MGRM

03/10/06

**FILED** 

(305)254-3508

Daybitte Phone #