

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90228 031 ***143.75

DOCUMENT # L99000002206

1. Entity Name
GUASO LLC



Principal Place of Business
**6830 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

Mailing Address
**6830 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

60020220



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0977785 65-0972785

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOLA, LUIS
6830 NW 16 TERRACE
FORT LAUDERDALE, FL 33309**

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RODRIGUEZ, RAMON
6830 NW 16 TERR
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOLA, ANA
6830 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOLA, LUIS
6830 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

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

Date

Daytime Phone #

ATTACHMENT

60020220

GUASO LLC

March 5, 2008

Division of Corporations
P.O. Box 8800
Tallahassee, FL 32314

Dear Sir:

Re: Document #L99000002206
FEIN: 65-0977785

Please note, per the IRS Notice attached, the correct FEIN number for GUASO LLC is 65-0972785.

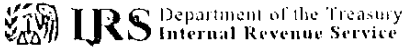
Kindly amend your records accordingly.

Sincerely,



Marilyn Weiner

Encls.



OGDEN UT 84201-0046

ATTACHMENT

60020220
#L9900002206

012844.455514.0065.002 1 MB 0.360 690



RECEIVED DEC 31 2007



GUASO LLC
6830 NW 16TH TER
FT LAUDERDALE FL 33309-1518304

012844

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.



The IRS address must appear in the window.

Use for payments

BODCD-SB

0423769512

Letter Number: LTR0147C
Letter Date : 2007-12-27
Tax Period : 000000

INTERNAL REVENUE SERVICE

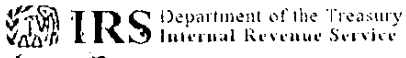
OGDEN UT 84201-0046



650972785

GUASO LLC
6830 NW 16TH TER
FT LAUDERDALE FL 33309-1518304

650972785 PB GUAS 00 2 000000 670 000000000000



ATTACHMENT

OGDEN UT 84201-0046

In reply refer to: 0423769512
Dec. 27, 2007 LTR 147C E0
65-0972785 000000 00 000

00001176

BODC: SB

60020220
L99000002206

GUASO LLC
6830 NW 16TH TER
FT LAUDERDALE FL 33309-1518304



012844

Employer Identification Number: 65-0972785

Dear Taxpayer:

We received your request dated Dec. 04, 2007, asking us to verify your Employer Identification Number (EIN) and name.

This letter confirms that your Employer Identification Number (EIN) as shown on our records is 65-0972785 and your name as shown on our records is Guaso LLC.

Please attach a copy of this letter to a copy of the "B" Notice you received and return both items to the payer(s) who requested verification of your EIN.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____