2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000003504

1. Entity Name
LA FAMILIA OF TAMPA, L.C.

Principal Place of Business	Mailing Address
1601 GULF BLVD INDIAN ROCKS BEACH, FL 33785	3128 W. IDELWILD AVE. TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3590858
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JOHN P
2310 WEST BAY DRIVE
LARGO, FL 33770

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000221941
02/19/08-80046-017 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SILVA, ORENCIO P
STREET ADDRESS	6411 WILLOW WOOD LANE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	MGRM
NAME	SILVA, NORMA
STREET ADDRESS	6411 WILLOW WOOD LANE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	MGRM
NAME	BELLO, ELISEO R
STREET ADDRESS	3128 W. IDLEWILD
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	MGRM
NAME	BELLO, JULIA P
STREET ADDRESS	3128 W. IDLEWILD
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	MGRM
NAME	SILVA, ORENCIO J
STREET ADDRESS	6020 THERESA ST
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	MGRM
NAME	SILVA, ELENA M
STREET ADDRESS	6020 THERESA ST
CITY-ST-ZIP	TAMPA, FL 33615

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: _____ 2/9/08 813-876-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #