

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008108

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** ORTIZ-PARRA ENTERPRISES, LLC

**Current Principal Place of Business:**

1881 NW 123RD AVE.  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1881 NW 123RD AVE.  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 65-0985557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORDERO, LUIS A  
CORDERO & ASSOCIATES, P.A.  
200 S. BISCAYNE BLVD., SUITE 4650  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ORTIZ, LELIS A  
1890 NW 122ND TER  
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE: LELIS ORTIZ

01/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALICIA PARRA DE ORTI, Z  
Address: 1881 NW 123RD AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR ( ) Delete  
Name: LELIS ANTONIO ORTIZ,  
Address: 1881 NW 123RD AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LELIS ORTIZ

MGR

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date