## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L99000008336** 

1. Entity Name

KLOĎA REALTY COMPANY, LLC



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

4700 NW 132ND STREET MIAMI, FL 33054

Mailing Address

4700 NW 132ND STREET MIAMI, FL 33054



01092008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number | Applied For  |    |
|---------------|--------------|----|
| 65-0964381    | Not Applicab | le |
|               | de 00        |    |

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

| 6. Name and Address of Current Registered Agent | <u> </u> |       |
|-------------------------------------------------|----------|-------|
| DO NOT WRITE IN THIS SPACE                      |          | 61 67 |

KLODA, RUBEN 4700 NW 132ND STREET MIAMI, FL 33054

| 8. The above named entity submits this | statement for the | purpose of changing its | registered office or registered as | gent, or both, in the State of I | Florida. I am familiar with, and accept |
|----------------------------------------|-------------------|-------------------------|------------------------------------|----------------------------------|-----------------------------------------|
| the obligations of registered agent.   | 1 .               | •                       |                                    | -                                |                                         |

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent alignature 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<br>KLODA, RUBEN<br>4700 NW 132ND STREET<br>MIAMI, FL 33054 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                 |   |

01716708-80044<u>-</u>011;143.75

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 TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/11/08

PINEN MICON