

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015020

FILED
Jul 09, 2008
Secretary of State

Entity Name: KONARQUI DADELAND, LLC

Current Principal Place of Business:

7535 N. KENDALL DR.
K-108
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

1551 NW 79 AV
DORAL, FL 33126

New Mailing Address:

FEI Number: 11-3681733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE MARCHENA, JORGE
739 CRANDON BLVD.
APT. #301
KEY BISCAWAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KONARQUI, CORP.,
Address: 1551 NW 79 AV
City-St-Zip: DORAL, FL 33126

Title: MGR () Delete
Name: DE MARCHENA, JORGE
Address: 739 CRANDON BLVD, #301
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MARTINEZ, MARIA L
Address: 739 CRANDON BLVD, #301
City-St-Zip: KEY BISCAWAYNE, FL 33149

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: JORGE DE MARCHENA

MGR

07/09/2008

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