

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018063

FILED
Apr 29, 2009
Secretary of State

Entity Name: GUTIERREZ & ASSOCIATES, P.L.

Current Principal Place of Business:

WACHOVIA FINANCIAL CENTER, STE 3810
200 S BISCAYNE BLVD.
MIAMI, FL 33131

New Principal Place of Business:

200 S BISCAYNE BLVD.
WACHOVIA FINANCIAL CENTER, STE 3810
MIAMI, FL 33131

Current Mailing Address:

WACHOVIA FINANCIAL CENTER, STE 3810
200 S BISCAYNE BLVD.
MIAMI, FL 33131

New Mailing Address:

200 S BISCAYNE BLVD.
WACHOVIA FINANCIAL CENTER, STE 3810
MIAMI, FL 33131

FEI Number: 65-0123627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, RENALDY J P.A.
601 BRICKELL KEY DR
SUITE 201
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GUTIERREZ, RENALDY J
200 S. BISCAYNE BLVD.
WACHOVIA FINANCIAL CENTER, STE 3810
MIAMI, FL 33131 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: RENALDY J. GUTIERREZ

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUTIERREZ, RENALDY J P.A.
Address: WACHOVIA FINANCIAL CENTER, STE 3810
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RENALDY J. GUTIERREZ, P.A.
Address: 200 S. BISCAYNE BLVD., STE 3810
City-St-Zip: MIAMI, FL 33131

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: RENALDY J. GUTIERREZ

MGR

04/29/2009

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