

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# L03000010130

Entity Name: DIVILLA FLORIDA, LLC

**Current Principal Place of Business:**

1173 FAIRFIELD MEADOWS DRIVE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1173 FAIRFIELD MEADOWS DRIVE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 86-1060716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DADE COUNTY CORPORATE AGENTS, INC.  
SUITE 505  
20801 BISCAYNE BOULEVARD  
AVENTURA, FL 33180 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: VILLALBA, RAMON  
Address: 1173 FAIRFIELD MEADOWS DRIVE  
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete  
Name: VILLALBA, ALICIA  
Address: 1173 FAIRFIELD MEADOWS DRIVE  
City-St-Zip: WESTON, FL 33327

**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: ALICIA VILLALBA

MANA

04/15/2009

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