

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039159

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** GRUPO FERNANDEZ SERVICES, LLC

**Current Principal Place of Business:**

901 SOUTH ROYAL POINCIANA BLVD.  
MAIMI, FL 33166

**New Principal Place of Business:**

901 SOUTH ROYAL POINCIANA BLVD.  
MIAMI, FL 33166

**Current Mailing Address:**

901 S. ROYAL POINCIANA BLVD.  
MAIMI, FL 33166

**New Mailing Address:**

901 SOUTH ROYAL POINCIANA BLVD.  
MIAMI, FL 33166

**FEI Number:** 20-0904966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KEY REGISTERED AGENTS INC.  
520 BRICKELL KEY DRIVE  
SUITE O-303  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: FERNANDEZ, FEDERICO  
Address: 700 SOUTH ROYAL POINCIANA BLVD.  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FERNANDEZ, FEDERICO  
Address: 901 SOUTH ROYAL POINCIANA BLVD.  
City-St-Zip: MIAMI, FL 33166

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: FERNANDEZ FEDERICO

MGR

04/29/2009

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