

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047204

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: MIJARES TPA INVESTMENTS, LLC

**Current Principal Place of Business:**

3355 NW 41ST STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3355 NW 41ST STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 20-4615504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIJARES, RAMON  
3309 NE 169TH ST  
N MIAMI BEACH, FL 33160 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: PD ( ) Delete  
Name: MIJARES, RAMON  
Address: 3309 NE 169TH ST  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: VP ( ) Delete  
Name: MIJARES, LUISA  
Address: 3309 NE 169TH ST  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: D ( ) Delete  
Name: COHEN, JEFFREY R  
Address: 297 SUNNY ISLES BLVD  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

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

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: LUISA MIJARES

VP

04/17/2009

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