

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101144

FILED
Aug 28, 2009
Secretary of State

Entity Name: ORSI SPRINGS CONDOMINIUM LLC

Current Principal Place of Business:

13209 SOUTHWEST 10 LANE
MIAMI, FL 33184

New Principal Place of Business:

611 FORREST DRIVE
MIAMI SPRINGS, FL 33166

Current Mailing Address:

13209 SOUTHWEST 10 LANE
MIAMI, FL 33184

New Mailing Address:

845 NW 47 STREET
POMPANO BEACH, FL 33064

FEI Number: 20-3622946 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:

Name and Address of New Registered Agent:

MANUEL J VADILLO TORRES & VADILLO
11402 NW 41 STREET
SUITE 202
DORAL, FL 33178 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: VEGA, VIVIAN C
Address: 13209 SOUTHWEST 10 LANE
City-St-Zip: MIAMI, FL 33184

Title: MGR (X) Change () Addition
Name: DE MICHELE, CARMINE
Address: 845 NW 47 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM () Delete
Name: BAGGIO, FRANCESCO
Address: 13209 SOUTHWEST 10 LANE
City-St-Zip: MIAMI, FL 33184

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: FRANCESCO BAGGIO

MGRM

08/28/2009

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