

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117237

FILED
Sep 17, 2009
Secretary of State

Entity Name: FLORIDA'S ASSOCIATES GROUP, LLC

Current Principal Place of Business:

8045 NW 36 ST
STE 506A
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8045 NW 36 ST
STE 506A
DORAL, FL 33166

New Mailing Address:

FEI Number: 26-3619093 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:

TAWACHI, ENRIQUE
8045 NW 36 ST
STE 506A
DORAL, FL 33166 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: TAWACHI, ENRIQUE
Address: 8045 NW 36 ST - STE 506A
City-St-Zip: DORAL, FL 33166

Title: MGRM () Delete
Name: TAWACHI, MONICA
Address: 8045 NW 36 ST - STE 506A
City-St-Zip: DORAL, FL 33166

Title: MGRM () Delete
Name: TAWACHI, NORMA
Address: 8045 NW 36 ST - STE 506A
City-St-Zip: DORAL, FL 33166

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: TAWACHI, ENRIQUE

PD

09/17/2009

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