

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037083

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VIVASCO, LLC

**Current Principal Place of Business:**

% 1390 BRICKELL AVENUE, STE. 200  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

% 1390 BRICKELL AVENUE, STE. 200  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

CASTILLO, ALVARO B P.A.  
1390 BRICKELL AVENUE, STE. 200  
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: VIVAS-GONZALEZ, PEDRO A  
Address: % 1390 BRICKELL AVENUE, STE. 200  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: VIVAS DE VIVAS, CARMEN Y  
Address: % 1390 BRICKELL AVENUE, STE. 200  
City-St-Zip: MIAMI, FL 33131

**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: PEDRO VIVAS-GONZALEZ                      MGR                      04/30/2009

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