

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040569

FILED
Jun 16, 2009
Secretary of State

Entity Name: FLORITO LLC

Current Principal Place of Business:

2600 DOUGLAS ROAD, SUITE 1100
CORAL GABLES, FL 33134

New Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

Current Mailing Address:

2600 DOUGLAS ROAD, SUITE 1100
CORAL GABLES, FL 33134

New Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

FEI Number: 26-2330891 **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:

GURIAN, JORGE L
2600 DOUGLAS ROAD, SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE L
2665 SOUTH BAYSHORE DRIVE
906
COCONUT GROVE, FL 33133 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: JORGE L GURIAN

06/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MATOS, ESTHER ALICIA
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATOS, ESTHER ALICIA
Address: 2665 SOUTH BAYSHORE DRIVE STE 906
City-St-Zip: COCONUT GROVE, FL 33133

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: ESTHER ALICIA MATOS

MGRM

06/16/2009

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