

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045126

FILED
May 10, 2009
Secretary of State

Entity Name: MATCHE GROUP, LLC

Current Principal Place of Business:

1825 PONCE DE LEON BLVD. #471
CORAL GABLES, FL 33134

New Principal Place of Business:

1825 PONCE DE LEON BLVD.
#471
CORAL GABLES, FL 33134

Current Mailing Address:

1825 PONCE DE LEON BLVD. #471
CORAL GABLES, FL 33134

New Mailing Address:

1825 PONCE DE LEON BLVD.
#471
CORAL GABLES, FL 33134

FEI Number: 41-2279636 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:

GUERRA, JORGE
45 SALAMANCA AVE
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: GUERRA, JORGE
Address: 45 SALAMANCA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUERRA, JORGE H
Address: 45 SALAMANCA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Change (X) Addition
Name: DYRING, LENA
Address: 45 SALAMANCA AVE
City-St-Zip: CORAL GABLES, FL 33134 US

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: JORGE GUERRA

MGRM

05/10/2009

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