

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059601

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** NIGHTOLOGY INVESTMENTS L.L.C.

**Current Principal Place of Business:**

505 NW 177 ST  
215  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 NW 177 ST  
215  
MIAMI, FL 33169 US

**New Mailing Address:**

**FEI Number:** 26-2970224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAING, TOUSSAINT A  
505 NW 177 ST  
215  
MIAMI, FL 33169 US

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

CASTILLO, DENNIS  
948 W. 80 PL  
HIALEAH, FL 33014 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: DENNIS CASTILLO      04/16/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORTUONDO, RAUL D  
Address: 505 NW 177 ST APT 215  
City-St-Zip: MIAMI, FL 33169 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Delete  
Name: LAING, TOUSSAINT A  
Address: 505 NW 177 ST APT 215  
City-St-Zip: MIAMI, FL 33169 US

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: RAUL DE DIOS PORTUONDO      MGRM      04/16/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date