

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067987

FILED
Apr 30, 2009
Secretary of State

Entity Name: AGUADO LLC

Current Principal Place of Business:

% GEOFFREY M. WAYNE P.A.
1201 BRICKELL AVENUE, STE. 220
MIAMI, FL 331313207

New Principal Place of Business:

% GEOFFREY M. WAYNE P.A.
2929 SW THIRD AVE SUITE 330
MIAMI, FL 331292710 US

Current Mailing Address:

% GEOFFREY M. WAYNE P.A.
1201 BRICKELL AVENUE, STE. 220
MIAMI, FL 331313207

New Mailing Address:

% GEOFFREY M. WAYNE P.A.
2929 SW THIRD AVE SUITE 330
MIAMI, FL 331292710 US

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

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M ESQ.
COLONNADE PLAZA, STE. 220
1201 BRICKELL AVENUE
MIAMI, FL 331313207 US

Name and Address of New Registered Agent:

WAYNE, GEOFFREY M ESQ.
2929 SW THIRD AVE SUITE 330
MIAMI, FL 331292710 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: _____ 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PS () Delete
Name: AGUADO, EUFRONIO
Address: 1201 BRICKELL AVENUE, STE. 220
City-St-Zip: MIAMI, FL 331313207

ADDITIONS/CHANGES:

Title: PS (X) Change () Addition
Name: AGUADO, EUFRONIO
Address: 2929 SW THIRD AVE SUITE 330
City-St-Zip: MIAMI, FL 331292710 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: EUFRONIO AGUADO PS 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date