

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093844

Entity Name: TLALOC, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

2182 N.W. 87TH AVENUE
DORAL, FL 33172

New Principal Place of Business:

6061 COLLINS AVE
MIAMI, FL 33140

Current Mailing Address:

1900 HEMPSTEAD TURNPIKE, STE. 309
EAST MEADOW, N6 11554

New Mailing Address:

FEI Number: 80-0289335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURLEY, JAMES
C/O AMERICAN BUSINESS CENTER
2182 N.W. 87TH AVENUE
DORAL, FL 33172 US

Name and Address of New Registered Agent:

HURLEY, JAMES
6061 COLLINS AVE
MIAMI, FL 33140 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROMANDIA AZCARRAGA, LORENZA
Address: 2182 N.W. 87TH AVENUE
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: AZCARRAGA ROMANDIA, LORENZA
Address: 2182 N.W. 87TH AVENUE
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROMANDIA AZCARRAGA, LORENZA
Address: 6061 COLLINS AVE
City-St-Zip: MIAMI, FL 33140

Title: MGRM (X) Change () Addition
Name: AZCARRAGA ROMANDIA, LORENZA
Address: 6061 COLLINS AVE
City-St-Zip: MIAMI, FL 33140

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: LORENZA AZCARRAGA ROMANDIA

MGRM

04/23/2009

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