

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065947

FILED
Jan 14, 2009
Secretary of State

Entity Name: SENRA REALTY, LLC

Current Principal Place of Business:

1851 SOUTH WEST 179TH AVENUE
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

145 PHENIX AVENUE
2ND FLOOR
CRANSTON, RI 02920

New Mailing Address:

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

Name and Address of Current Registered Agent:

SENRA, OCTAVIO
1851 SOUTH WEST 179TH AVENUE
MIRAMAR, FL 33029 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: MGR () Delete
Name: SENRA, OCTAVIO
Address: 1851 SOUTH WEST 179TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: OCTAVIO SENRA, TRUST, EE OF THE OCTA V IO SENR
Address: 1851 SOUTH WEST 179TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: CREMILDA SENRA, TRUS, TEE OF THE CRE M ILDA SE
Address: 1851 SOUTH WEST 179TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

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

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

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: OCTAVIO SENRA

MEMB

01/14/2009

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