

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046595

Entity Name: FAMILIA GUTIERREZ, LLC

FILED  
May 03, 2009  
Secretary of State

## Current Principal Place of Business:

8210 NW 154 TERRACE  
MIAMI LAKES, FL 33016 US

## New Principal Place of Business:

## Current Mailing Address:

8210NW 154 TERRACE  
MIAMI LAKES, FL 33016 US

## New Mailing Address:

12 CORNFIELD LANE  
WALPOLE, MA 02081 US

FEI Number: 20-1281093      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:

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD., SUITE 240  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GUTIERREZ, JORGE  
12 CORNFIELD LANE  
WALPOLE, FL 02081 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: JORGE L GUTIERREZ

05/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GUTIERREZ, JORGE LUIS  
Address: 8210 NW 154 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR ( ) Delete  
Name: GUTIERREZ, MARISA  
Address: 8210 NW 154 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GUTIERREZ, JORGE LUIS  
Address: 12 CORNFIELD LANE  
City-St-Zip: WALPOLE, MA 02081

Title: MGR (X) Change ( ) Addition  
Name: GUTIERREZ, MARISA  
Address: 12 CORNFIELD LANE  
City-St-Zip: WALPOLE, MA 02081

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 L GUTIERREZ

DIR

05/03/2009

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