

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043403

Entity Name: CRUZ ENTERPRISES, LLC

FILED  
May 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1669 NE 144TH TERRACE, SUITE 210  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

12717 WEST SUNRISE BLVD, SUITE 213  
SUNRISE, FL 333230902

**New Mailing Address:**

1669 NE 144TH TERRACE, SUITE 210  
SUNRISE, FL 33323

FEI Number: 74-3124054      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

CRUZ, RICARDO  
14597 SW 18 CT  
DAVIE, FL 33325      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: CRUZ, RICARDO  
Address: 14597 SW 18 CT  
City-St-Zip: DAVIE, FL 33325

Title: MGRM ( ) Delete  
Name: CRUZ, CAMILO  
Address: 12295 NW 81 STREET  
City-St-Zip: PARKLAND, FL 33076

**ADDITIONS/CHANGES:**

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: RICARDO CRUZ

MGR

05/12/2009

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