

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097840

Entity Name: ECUFOODS LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 100
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 100
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3609744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1-B
CORAL GABLES, FL 33134 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: ISAIAS, ROBERTO
Address: 396 ALHAMBRA CIRCLE, SUITE 100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ISAIAS, ESTEFANO
Address: 396 ALHAMBRA CIRCLE, SUITE 100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ISAIAS, WILLIAM
Address: 396 ALHAMBRA CIRCLE, SUITE 100
City-St-Zip: CORAL GABLES, FL 33134

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: PEDRO REYES

MR

03/30/2009

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