

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001670

FILED
Mar 22, 2009
Secretary of State

Entity Name: PROYELEC INVESTMENTS LLC

Current Principal Place of Business:

1914 CEDAR COURT
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

1914 CEDAR COURT
WESTON, FL 33327 US

New Mailing Address:

FEI Number: 65-0983500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, LUIS A
1914 CEDAR COURT
WESTON, FL 33327 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: PD () Delete
Name: HERNANDEZ, LUIS A
Address: 1914 CEDAR COURT
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: HERNANDEZ, MARTHA C
Address: 1914 CEDAR COURT
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, LUIS A
Address: 1914 CEDAR COURT
City-St-Zip: WESTON, FL 33327

Title: MRG (X) Change () Addition
Name: GONZALEZ, TOMAS
Address: 1914 CEDAR COURT
City-St-Zip: WESTON, FL 33327

Title: MGR () Change (X) Addition
Name: ALVAREZ, ENRIQUE
Address: 1914 CEDAR COURT
City-St-Zip: WESTON, FL 33327

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: LUIS HERNANDEZ

MGR

03/22/2009

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