

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005662

Entity Name: THE COMPANY, L.L.C.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

2925 SALZEDO STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

350 SEVILLA AVENUE
103
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 330589
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-1010157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES FAULI CORPORATE SERVICES
ONE BISCAYNE TOWER SUITE 3400
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131 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: MGRM () Delete
Name: BIJAQUI, CYRIL
Address: PO BOX 330589
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: LIOT, ANNICK
Address: P.O. BOX 330589
City-St-Zip: MIAMI, FL 33133

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: ANNICK LIOT

MGR

03/19/2009

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