

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005825

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** SOLARIUM CENTROS DE BRONCEADO, L.L.C.

**Current Principal Place of Business:**

1136 S. DIXIE HWY.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1136 S. DIXIE HWY.  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-1010205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIEBER, BERNARDO  
1136 S. DIXIE HWY  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

BADUELL, JORGE  
1136 S. DIXIE HWY  
CORAL GABLES, FL 33146 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 BADUELL

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BADUELL, MARCOS  
**Address:** 130 BUTTONWOOD DRIVE  
**City-St-Zip:** KEY BISCAINE, FL 33149

**Title:** MGR ( ) Delete  
**Name:** BADUELL, JORGE  
**Address:** 130 BUTTONWOOD DRIVE  
**City-St-Zip:** KEY BISCAINE, FL 33149

**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:** CAROLINA FRANCO

MS

04/15/2009

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