

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004909

FILED
Apr 09, 2009
Secretary of State

Entity Name: ARANGOM L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134 US

New Mailing Address:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134 US

FEI Number: 65-1137155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO PA.
2121 PONCE DE LEON BLVD
STE 240
MIAMI, 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: MGRM () Delete
Name: ARANGO, CARLOS ALBERTO
Address: 445 GRAND BAY DRIVE
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGR () Delete
Name: CALARA LIMITED
Address: P.O. BOX 3152
City-St-Zip: ROAD TOWN, BV TORTOLA

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARANGO, CARLOS ALBERTO
Address: 445 GRAND BAY DRIVE
City-St-Zip: KEY BISCAINE, FL 33149 US

Title: MGR (X) Change () Addition
Name: CALARA LIMITED
Address: P.O. BOX 3152
City-St-Zip: ROAD TOWN, BV TORTOLA US

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: CARLOS ALBERTO ARANGO

MGRM

04/09/2009

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