

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012096

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE VIVAS FAMILY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

ATTN: PABLO H. VIVAS
4302 ALTON ROAD, SUITE 100-3
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

ATTN: PABLO H. VIVAS
4302 ALTON ROAD, SUITE 100-3
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1126457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVAS, PABLO H
4302 ALTON ROAD, SUITE 100-3
MIAMI BEACH, FL 33140 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: P () Delete
Name: VIVAS, PABLO H
Address: 4302 ALTON RD #1003
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: VIVAS, CARMEN
Address: 4302 ALTON RD #1003
City-St-Zip: MIAMI BEACH, FL 33141

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: PABLO H. VIVAS

PRES

01/30/2009

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