

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015714

Entity Name: FELIX M. LASARTE P.L.

FILED  
Jul 06, 2009  
Secretary of State

**Current Principal Place of Business:**

247 SW 8 STREET  
PMB 315  
MIAMI, FL 33130

**New Principal Place of Business:**

5835 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126

**Current Mailing Address:**

247 SW 8 STREET  
PMB 315  
MIAMI, FL 33130

**New Mailing Address:**

5835 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126

FEI Number: 65-1138146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS,, FL 33410 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LASARTE, FELIX M  
Address: 247 SW 8 STREET PMB 315  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LASARTE, FELIX M  
Address: 5835 BLUE LAGOON DRIVE SUITE 100  
City-St-Zip: MIAMI, FL 33126

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: FELIX M. LASARTE

MGR

07/06/2009

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