

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016477

FILED
Mar 30, 2012
Secretary of State

Entity Name: AMERICAN BUILDERS, LLC

Current Principal Place of Business:

7235 CORPORATE CENTER DRIVE
BAY D
MIAMI, FL 33126

New Principal Place of Business:

5995 SW 71 STREET
SUITE 1B
SOUTH MIAMI, FL 33143

Current Mailing Address:

7235 CORPORATE CENTER DRIVE
BAY D
MIAMI, FL 33126

New Mailing Address:

5995 SW 71 STREET
SUITE 1B
SOUTH MIAMI, FL 33143

FEI Number: 65-1146684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUELLO, MARCELO E
13390 SW 82 ST
MIAMI, FL 33156 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
Name: ARGUELLO, MARCELO E
Address: 5995 SW 71 STREET SUITE 1B
City-St-Zip: SOUTH MIAMI, FL 33143

Title: T
Name: ARGUELLO, IVONNE R
Address: 5995 SW 71 STREET SUITE 1B
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP
Name: ROBELO, ARNOLDO R
Address: 5995 SW 71 STREET SUITE 1B
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP
Name: ROBELO, EDUARDO E
Address: 5995 SW 71 STREET SUITE 1B
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP
Name: ROBELO, MICHAEL A
Address: 5995 SW 71 STREET SUITE 1B
City-St-Zip: SOUTH MIAMI, FL 33143

Title: S
Name: ROBELO, AGNES M
Address: 5995 SW 71 STREET SUITE 1B
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby 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: AGNES M. ROBELO

S

03/30/2012

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