

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017017

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: NIGOY LLC

**Current Principal Place of Business:**

414 MALLARD LANE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

414 MALLARD LANE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 65-1150766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JUAN GARCIA  
414 MALLARD LANE  
WESTON, FL 33327 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: GARCIA, JUAN  
Address: 414 MALLARD LANE  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Delete  
Name: GARCIA, LUIS  
Address: PMB 267 100 GRAND PASEOS BLVD.  
City-St-Zip: SAN JUAN, PR 00927

Title: MGRM ( ) Delete  
Name: FERNANDEZ VARELA, MARIA J  
Address: PMB 267 100 GRAND PASEOS BLVD.  
City-St-Zip: SAN JUAN, PR 00927

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN GARCIA

MGRM

01/26/2009

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