

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017551

FILED
May 01, 2009
Secretary of State

Entity Name: NYC2MIA, L.L.C.

Current Principal Place of Business:

4240 SW 4TH STREET
MIAMI, FL 33134

New Principal Place of Business:

15520 KEYLIME BLVD
LOXAHATCHEE, FL 33470

Current Mailing Address:

4240 SW 4TH STREET
MIAMI, FL 33134

New Mailing Address:

15520 KEYLIME BLVD
LOXAHATCHEE, FL 33470

FEI Number: 65-1147920 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:

CORDERO, ANA DIAZ
9485 SUNSET DR., A-292
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

MARTINEZ, OSCAR
15520 KEYLIME BLVD
LOXAHATCHEE, FL 33470 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: OSCAR MARTINEZ

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARTINEZ, PATRICIA L
Address: 4240 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: MARTINEZ, GABRIELA R
Address: 4240 SW 4TH ST.
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: MARTINEZ, OSCAR
Address: 4240 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: MARTINEZ, NELIDA
Address: 4240 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARTINEZ, PATRICIA L
Address: 15520 KEYLIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR (X) Change () Addition
Name: MARTINEZ, GABRIELA R
Address: 15520 KEYLIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR (X) Change () Addition
Name: MARTINEZ, OSCAR
Address: 15520 KEYLIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR (X) Change () Addition
Name: MARTINEZ, NELIDA
Address: 15520 KEYLIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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: OSCAR MARTINEZ

MGR

05/01/2009

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