

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006018

FILED
Jul 11, 2008
Secretary of State

Entity Name: BENIGNO ZAPATERO WHOLESALERS, L.L.C.

Current Principal Place of Business:

11344 NW 56TH STREET
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

11344 NW 56TH STREET
MIAMI, FL 33178

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ALVAREZ, CARMEN JOSEPHI
11344 NW 56 ST
MIAMI, FL 33178 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: MGRM () Delete
Name: ALVAREZ, CRISTINA
Address: 11344 NW 56 ST
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: PERALTA, MARINA
Address: 11344 NW 56 ST
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: ALVAREZ, CARMEN JOSEPHI
Address: 11344 NW 56 ST
City-St-Zip: MIAMI, FL 33178

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: CARMEN JOSEPHINE ALVAREZ

P

07/11/2008

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