

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015483

Entity Name: EL PASO, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

201 SEVILLA AVE
SUITE #202
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141873
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-1163439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., STE 301
CORAL GABLES, FL 33134 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: MGR () Delete
Name: ABRANTE, JOSE A SR
Address: P.O. BOX 141873
City-St-Zip: CORAL GABLES, FL 33114

Title: MGR () Delete
Name: ABRANTE, JR, JOSE A
Address: P.O. BOX 141873
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ABRANTE, ALBERTO R
Address: P.O. BOX 141873
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ABRANTE, JOSE A SR
Address: P.O. BOX 141873
City-St-Zip: CORAL GABLES, FL 33114

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: JOSE A. ABRANTE, SR.

PRES

03/16/2009

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