

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020109

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: NEW TEXAS, LLC

**Current Principal Place of Business:**

11205 SW 111TH ST  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

126 DUDLEY STREET  
UNIT 302  
JERSEY CITY, NJ 07302 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET, SUITE 300  
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: BELLO, PAULO S  
Address: 11205 SW 111TH ST  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete  
Name: BELLO, MARIA AUGUSTA T  
Address: 11205 SW 111TH ST  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete  
Name: BELLO, PATRICIA  
Address: 126 DUDLEY STREET, UNIT 302  
City-St-Zip: JERSEY CITY, NJ 07302 US

**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: PATRICIA BELLO

MGR

01/18/2009

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