

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023761

Entity Name: MV RESTLESS, L.C.

FILED
May 13, 2008
Secretary of State

Current Principal Place of Business:

5838 SW 74 TERR.
APT. #109
SOUTH MIAMI, FL 33143

New Principal Place of Business:

6619 SOUTH DIXIE HWY #325
MIAMI, FL 33143

Current Mailing Address:

5838 SW 74 TERR.
APT. #109
SOUTH MIAMI, FL 33143

New Mailing Address:

6619 SOUTH DIXIE HWY #325
MIAMI, FL 33143

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

KLEIN, BRENT D
701 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131 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: SALAZAR, GUILLERMO
Address: 5838 SW 74 TERR. APT 109
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM (X) Delete
Name: SALAZAR, GUILLERMO
Address: 5838 SW 74 TERR. APT 109
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALAZAR, GUILLERMO
Address: 6619 SOUTH DIXIE HWY #325
City-St-Zip: MIAMI, FL 33143

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: GUILLERMO SALAZAR

MGRM

05/13/2008

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