

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028333

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: ILOVIVA INVESTMENTS, LLC

## Current Principal Place of Business:

500 NW 24 ST.  
MIAMI, FL 33127

## New Principal Place of Business:

## Current Mailing Address:

500 NW 24 ST.  
MIAMI, FL 33127

## New Mailing Address:

FEI Number: 22-3881659      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:

## Name and Address of New Registered Agent:

BALLESTAS, VICTOR  
500 NW 24 ST.  
MIAMI, FL 33127      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: MGR ( ) Delete  
Name: BALLESTAS, VICTOR  
Address: 500 NW 24 ST.  
City-St-Zip: MIAMI, FL 33127

Title: MGR ( ) Delete  
Name: BALLESTAS, IVETTE  
Address: 500 NW 24 ST.  
City-St-Zip: MIAMI, FL 33127

Title: MGR ( ) Delete  
Name: BALLESTAS, VICTOR MANUEL  
Address: 500 NW 24 ST.  
City-St-Zip: MIAMI, FL 33127

Title: MGR ( ) Delete  
Name: BALLESTAS, IVONNE M  
Address: 500 NW 24 ST.  
City-St-Zip: MIAMI, FL 33127

Title: MGR ( ) Delete  
Name: BALLESTAS, LOREN  
Address: 500 NW 24 ST.  
City-St-Zip: MIAMI, FL 33127

Title: MGR ( ) Delete  
Name: BALLESTAS, VANESSA  
Address: 500 NW 24 ST.  
City-St-Zip: MIAMI, FL 33127

## 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:

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: VICTOR BALLESTAS

P

07/07/2009

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