

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030982

FILED
Apr 12, 2009
Secretary of State

Entity Name: HERRA, L.L.C.

Current Principal Place of Business:

7869 NW 52 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7869 NW 52 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 14-1858258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, MARIO I
9130 S. DADELAND BOULEVARD, SUITE #1504
MIAMI, FL 33156 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: DANIEL OSCAR HALPERIN
Address: 20355 NE 34 DEL VISTA CT., BLDG 2 APT 1928
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SUSANA NOEMI ZIMERMAN DE HALPERIN
Address: 20355 NE 34 DEL VISTA CT., BLDG 2 APT 1928
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: MARCELO CABRIER
Address: 90 ALTON ROAD, APT. 2902
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MARCELO CABRIER
Address: 7869 NW 52 STREET
City-St-Zip: MIAMI, FL 33166

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: MARCELO CABRIER

MGRM

04/12/2009

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