# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Sep 26, 2008**
**Secretary of State**

DOCUMENT# L03000001038

**Entity Name:** FERSOM C.A., L.L.C.

**Current Principal Place of Business:**

7884 NW 55TH STREET
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7884 NW 55TH STREET
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number: 55-0813687** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MARANTE, MILAGROS
7884 NW 55TH STREET
MIAMI, FL 33166 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: FERNANDEZ, ORLANDO M
Address: 7884 NW 55TH ST
City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete
Name: CONSUELO FERNANDEZ, CRISTINA
Address: 7884 NW 55TH ST
City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete
Name: SUAREZ, RODOLFO J
Address: 7884 NW 55TH STREET
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition
Name: SOMOZA- FERNANDEZ, CRISTINA C
Address: 7884 NW 55TH ST
City-St-Zip: MIAMI, FL 33166

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: MILAGROS MARANTE MRS 09/26/2008

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