2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L03000003124

Entity Name: PARK LAKES COMMERCE LLC

Current Principal Place of Business:

6187 NW 167 ST., UNIT H24
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6187 NW 167 ST., UNIT H24
MIAMI, FL 33015

New Mailing Address:

FEI Number: 57-1173264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, HOMERO
8515 NW 169TH TERRACE
MIAMI LAKES, FL 33016 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: CRUZ, HOMERO
Address: 8515 NW 169TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR ( ) Delete
Name: CRUZ, JONATHAN H
Address: 8515 NW 169TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: CRUZ, JOVANNY H
Address: 8515 NW 169TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

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: HOMERO CRUZ MGR 02/10/2009

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