## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L0300006240				<u>.</u>	FILED			
i. Entity Name GOYTISOLO HOLDINGS LLC				09 MAY 11 AM 8: 35				
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Principal Place of Business		Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
C/O A. DE GOYTISOLO P.A. 600 BILTMORE WAY, #1205		C/O A. DE GOYTISOLO P.A. 600 BILTMORE WAY, #1205			. LIMENING	occ, rLUKIU	•	
CORAL GABLES, FL 33134		CORAL GABLES, FL 3313		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		andiri dalik bilka nem arayı	<del>'11611</del> 06 11) (00)	
2. Principal Place of Business - No P.O. Box #		Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	03122009	Chg-LLC	CR2E083 (11/08	3) ,		
, City & State		City & State	4. FEI Numbe 57-1155		<del></del>	Applied For Not Applicable		
Zip Cou	intry	Zip Country			of Status Desired	□ \$5.00 A	Additional	
	ddress of Current Regi	stered Agent		7. Name and	Address of New Re	<u> </u>	ited	
AGUSTIN DE GOYTISOL	O PA	/	Name					
600 BILTMORE WAY, #12 CORAL GABLES, FL 331	ILVI	Street Addres	ddress (P.O. Box Number is Not Acceptable)					
GC	104	V /1 \						
26.1	City			FL Zip Co	ode ·			
8. 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. I am familiar with, and accept the obligations of registered agent.								
(/() /   s)(snature								
າງດວ່າ Signature, typed or printed	d name of registered agent and title	e d'applicable (NOTE R	egistered Agent signature requ	uired when reinstating)		DATE . YET	· 经银油银 。	
72. FILE NOW!!! FEE IS \$138.75 After May 1, 2009 Fee will be \$538.75						check payable to Department of St		
	MANAGING MEMBERS/I	MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE MGRM NAME DE GOYTISOLO	D. AGUSTIN	☐ Delete	TITLE NAME			Chang .	e Addition	
STREET ADDRESS 600 BILTMORE	WAY, #1205		STREET ADDRESS			•	' 'sma'	
CITY-ST-ZIP CORAL GABLE MGRM	S, FL 33134	☐ Delete	CITY-ST-ZIP		<del>,</del>	hang	e Addition	
NAME GOYTISOLO, JO	ME GOYTISOLO, JOSIE G		NAME 1	9552	8KA	erue i 329	4	
THE STATE AVENUE  MAMH, FE 33155			STREET ADDRESS CITY-ST-ZIP		reach f	2329	60	
IITLE.		☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
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an Citty - ST - ZIP			CITY-ST-ZIP			☐ Chang	e Addition	
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NAME:			NAME STREET ADDRESS					
CITY-ST-ZIP	. 110		CITY-ST-ZIP			·		
TITLE ! NAME		☐ Delete	TITLE NAME			Change	e Addition	
STREET ADDRESS			STREET ADDRESS				a di la	
CITY-ST-ZIP  11: I hereby certify that the inform	mation supplied with this	filing does not qualify for th	e exemptions contain	ied in Chapter 119, f	Florida Statutes, I fu	ther certify that the in	nformation (1919)	
and indicated on this report is true and accurate and that my 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 dister employeed to execute this report as required by Chapter 608, Florida Statutes.								
64 /2 log 443,0132								
SIGNATURE:	ED OR PRINTED NAME OF SIGN	ING MANAGING MEMBER, MANAG	ER, OR AUTHORIZED REPR		Date Date	Daylime Phone		