

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008990

FILED
Jun 03, 2009
Secretary of State

Entity Name: AFRICAN VIBES LLC

Current Principal Place of Business:

1220 NW 204TH ST.
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

1220 NW 204TH ST.
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 13-4242210 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:

HOPE, NERISSA
1220 NW 204TH ST.
MIAMI GARDENS, FL 33169 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HOPE, NERISSA
Address: 6808 SW 40TH CT.
City-St-Zip: MIRAMAR, FL 33023

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

Title: PRES () Delete
Name: HOPE, NERISSA
Address: 6808 SW 40TH CT
City-St-Zip: MIRAMAR, FL 33023

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

Title: VP () Delete
Name: HOPE, NERISSA
Address: 6808 SW 40TH CT
City-St-Zip: MIRAMAR, FL 33023

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

Title: TRES () Delete
Name: HOPE, NERISSA
Address: 6808 SW 40TH CT
City-St-Zip: MIRAMAR, FL 33023

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

Title: SEC () Delete
Name: HOPE, NERISSA
Address: 6808 SW 40TH CT
City-St-Zip: MIRAMAR, FL 33023

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

Title: MAN () Delete
Name: HOPE, NERISSA
Address: 6808 SW 40TH CT
City-St-Zip: MIRAMAR, FL 33023

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: NERISSA HOPE

MS

06/03/2009

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