

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010443

FILED  
Jul 28, 2009  
Secretary of State

Entity Name: NIDO, LLC

**Current Principal Place of Business:**

18401 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18401 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 42-1583530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

JOSE, GUERRERO  
4000 PONCE DE LEON BLVD  
SUITE 470  
CORAL GABLES, FL 33146 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:**

Title: MGR ( ) Delete  
Name: DACHARRY, MAXIMILIANO  
Address: 18401 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR ( ) Delete  
Name: JORGENSEN, CYNTHIA  
Address: 18401 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

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

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: MAXIMILIANO DACHARRY

MR

07/28/2009

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