

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026013

Entity Name: COMODORO, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

444 BRICKELL AVE.,
828
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

444 BRICKELL AVE
828
MIAMI, FL 33131

New Mailing Address:

FEI Number: 51-0474480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZONI, FERNANDO D
444 BRICKELL AVE
828
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MORALES, JUAN E
444 BRICKELL AVE
828
MIAMI, FL 33131 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: JUAN E MORALES

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAJARDO, MARIA C
Address: 444 BRICKELL AVE., STE. 828
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: MORALES, MARIA L
Address: 444 BRICKELL AVE., STE. 828
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: MORALES, JUAN E
Address: 444 BRICKELL AVE., STE. 828
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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: JUAN E MORALES

MGR

04/23/2009

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