

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042212

Entity Name: ARCHIE'S DORAL, LLC

FILED  
Mar 13, 2009  
Secretary of State

## Current Principal Place of Business:

9769 NW 41 STREET  
MIAMI, FL 331782381

## New Principal Place of Business:

## Current Mailing Address:

717 PONCE DE LEON  
CORAL GABLES, FL 33134

## New Mailing Address:

9769 NW 41 STREET  
MIAMI, FL 331782381

FEI Number: 20-0353606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARON, MAURICIO  
717 PONCE DE LEON SUITE 212  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

VARON, MAURICIO  
9769 NW 41 ST  
DORAL, FL 33178 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: MAURICIO VARON

03/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TERRA NOVA INVESTMEN, TS, INC.  
Address: 717 PONCE DE LEON SUITE 212  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: FOOD DEVELOPMENT COR, PORATION  
Address: 717 PONCE DE LEON SUITE 212  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete  
Name: VARON, MAURICIO  
Address: 717 PONCE DE LEON SUITE 212  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete  
Name: MALDONADO, IGNACIO  
Address: 717 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VARON, MAURICIO  
Address: 9769 NW 41 ST  
City-St-Zip: DORAL, FL 33178

Title: SEC (X) Change ( ) Addition  
Name: MALDONADO, IGNACIO  
Address: 9769 NW 41 ST  
City-St-Zip: DORAL, FL 33178

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: MAURICIO VARON

MNGR

03/13/2009

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