

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046987

Entity Name: PATAGONICS LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

8657 BOCA GLADES BLVD W, APT G
BOCA RATON, FL 33434

New Principal Place of Business:

10347 186TH CT S
BOCA RATON, FL 33498

Current Mailing Address:

8657 BOCA GLADES BLVD W, APT G
BOCA RATON, FL 33434

New Mailing Address:

10347 186TH CT S
BOCA RATON, FL 33498

FEI Number: 20-0461525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATEWS, MARCELO
10347 186TH CT. S.
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ROTH, HERNAN
Address: 8657 BOCA GLADES BLVD W, APT G
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM () Delete
Name: MATEWS, MARCELO
Address: 8657 BOCA GLADES BLVD W, APT G
City-St-Zip: BOCA RATON, FL 33434 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROTH, HERNAN
Address: 10347 186TH CT S
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGRM (X) Change () Addition
Name: MATEWS, MARCELO
Address: 10347 186TH CT S
City-St-Zip: BOCA RATON, FL 33498 US

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: MARCELO MATEWS

MGRM

04/29/2009

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