

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050085

Entity Name: TECNOGLASS, LLC

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

951 NE 167 STREET
SUITE 207
MIAMI, FL 33162

New Principal Place of Business:

10653 NE QUAYBRIDGE CT
SUITE C 2
MIAMI, FL 33138

Current Mailing Address:

10653 NE QUAYBRIDGE CT
SUITE C2
MIAMI, FL 33138

New Mailing Address:

10653 NE QUAYBRIDGE CT
SUITE C 2
MIAMI, FL 33138

FEI Number: 20-0481781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBLEDO, ANTHONY
8180 NW 36 STREET
SUITE 100
MIAMI, FL 33166 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: DAES, CHRISTIAN
Address: 10653 NE QUAYBRIDGE CT #C2
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: AMIN, CARLOS
Address: 10653 NE QUAYBRIDGE CT #C2
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: DAES, EVELYN
Address: 10653 NE QUAYBRIDGE CT #C2
City-St-Zip: MIAMI, FL 33138

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: EVELYN DAES

MGRM

04/19/2009

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