

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051731

Entity Name: ESTHER AKININ, LLC

FILED
May 13, 2009
Secretary of State

Current Principal Place of Business:

20877 NE 32ND AVENUE
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20877 NE 32ND AVENUE
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 57-0547283 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:

FRANCO, MOISES J
20877 NE 32ND AVENUE
AVENTURA, FL 33180 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: AKININ, ESTHER
Address: 20877 NE 32ND AVENUE
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: DAVID, FRANCO
Address: 20877 NE 32ND AVENUE
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: MOISES, FRANCO J
Address: 20877 NE 32ND AVENUE
City-St-Zip: AVENTURA, FL 33180 US

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: MOISES

M

05/13/2009

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