

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010945

Entity Name: MAPEYCO, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

18053 SW 139 PLACE
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

18053 SW 139 PLACE
1050
MIAMI, FL 33177

New Mailing Address:

FEI Number: 20-0715124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMERO, LUIS
18053 SW 139 AVE
MIAMI, FL 33177 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: P () Delete
Name: ROMERO, LUIS
Address: 18053 SW 139 PL
City-St-Zip: MIAMI, FL 33177

Title: S () Delete
Name: MEJIA, MARITZA
Address: 18053 SW 139 PL
City-St-Zip: MIAMI, FL 33177

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: ROMERO, JOSE A
Address: 18053 SW 139 PL
City-St-Zip: MIAMI, FL 33177

Title: MGR () Change (X) Addition
Name: RODRIGUEZ, JENNIFER
Address: 18053 SW 139 PL
City-St-Zip: MIAMI, FL 33177

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: LUIS A. ROMERO

P

03/12/2009

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