

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016226

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** 3090 DAY, LLC.

**Current Principal Place of Business:**

210 SHORE DR S  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

210 SHORE DR S  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 01-0807529      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATRICIA PEREZ P.A  
2222 PONCE DE LEON  
PH  
CORAL GABLES, FL 33134 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: ECHEVERRI, JUAN M  
Address: 210 SHORE DR S  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: PELAEZ, NOHRA E  
Address: 210 SHORE DR S  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

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: JUAN M ECHEVERRI      MGRM      04/09/2009

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