

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032359

Entity Name: RISING PHOENIX LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4417 SAGO CIRCLE
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4417 SAGO CIRCLE
WESTON, FL 33331

New Mailing Address:

FEI Number: 51-0524912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EIREA, MARIA E
4417 SAGO CIRCLE
WESTON, FL 33331 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: EIREA, MARIA E
Address: 4417 SAGO CIRCLE
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: RODRIGUEZ, LENA T
Address: 14901 SW 31 COURT
City-St-Zip: DAVIE, FL 33331 US

Title: MGRM () Delete
Name: RODRIGUEZ, ANDY J
Address: 14901 SW 31 COURT
City-St-Zip: DAVIE, FL 33331 US

Title: MGRM () Delete
Name: EIREA, ADOLFO
Address: 4417 SAGO CIRCLE
City-St-Zip: WESTON, FL 33331 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:

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: MARIA EIREA

MGRM

04/30/2009

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