

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035296

Entity Name: M AGUABLANCA, LLC

FILED  
Feb 09, 2012  
Secretary of State

**Current Principal Place of Business:**

730 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

730 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 20-1156713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAVENDER, JOEL R ESQ  
507 S.E. 11TH COURT  
FORT LAUDERDALE, FL 33316 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  
Name: MARTINEZ, MANUEL  
Address: 2726 NE 17TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33305

Title: MGRM  
Name: MOLINA, REYNALDO  
Address: 498 SE 13 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM  
Name: MOLINA, ROSEVEL  
Address: 500 DRIFTWOOD RD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM  
Name: MOLINA, MIGUEL  
Address: 1181 N.W. 115TH AVENUE  
City-St-Zip: PLANTATION, FL 33323

Title: MGRM  
Name: MARTINEZ, FIDEL  
Address: 11092 N.W. 18TH PLACE  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM  
Name: MOLINA, JOSE  
Address: 1941 N.W. 55TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby 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: ROSEVEL MOLINA

MGRM

02/09/2012

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