

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037403

Entity Name: HOBUCH BRANDS LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

2000 PONCE DE LEON BLVD., FLOOR NO. 6
CORAL GABLES, FL 33134

New Principal Place of Business:

2000 PONCE DE LEON BLVD
FLOOR NO. 6
CORAL GABLES, FL 33134

Current Mailing Address:

2000 PONCE DE LEON BLVD., FLOOR NO. 6
CORAL GABLES, FL 33134

New Mailing Address:

2000 PONCE DE LEON BLVD
FLOOR NO. 6
CORAL GABLES, FL 33134

FEI Number: 20-1142199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, JACQUELINE F
2655 LE JEUNE ROAD, SUITE 326
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DANIEL, BESSA
2000 PONCE DE LEON BLVD
FLOOR 6
CORAL GABLES, FL 33134 US

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: DANIEL BESSA

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR (X) Delete
Name: VILORIA, OMAR
Address: 2000 PONCE DE LEON BLVD - FLOOR 6
City-St-Zip: CORAL GABLES, FL 33134

Title: MR () Delete
Name: VILORIA, ERICK
Address: 2000 PONCE DE LEON BLVD - FLOOR 6
City-St-Zip: CORAL GABLES, FL 33134

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: ERICK VILORIA

MD

04/01/2009

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