

# 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