

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000053466

FILED
Oct 03, 2007
Secretary of State

Entity Name: OTALORA CONSTRUCTION SOLUTIONS, L.L.C.

Current Principal Place of Business:

7321 SW 109 COURT
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7321 SW 109 COURT
MIAMI, FL 33173

New Mailing Address:

FEI Number: 90-0231648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTALORA, MARIO O
7321 SW 109 COURT
MIAMI, FL 33173 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: MGR () Delete
Name: OTALORA, MARIO O
Address: 7321 SW 109 COURT
City-St-Zip: MIAMI, FL 33173

Title: MGR () Delete
Name: OTALORA, MONICA M
Address: 7321 SW 109 COURT
City-St-Zip: MIAMI, FL 33173

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: OTALORA, MARIO O
Address: 7321 SW 109 COURT
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: OTALORA, MONICA M
Address: 7321 SW 109 COURT
City-St-Zip: MIAMI, FL 33173

Title: D () Change (X) Addition
Name: SALAZAR, FRANCISCO
Address: 8075 NW 7TH STREET #504
City-St-Zip: MIAMI, FL 33126

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: MARIO OTOROLA

P

10/03/2007

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