2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056188

Address:

1060 WEST 30 STREET

City-St-Zip: HIALEAH, FL 33012

Entity Name: REYGONZ PROPERTIES LLC

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
9804 NW 80 AVE. HIALEAH GARDENS, FL 33016			13117 NW 107TH AVE UNIT 1 HIALEAH GARDENS, FL 33018	
Current Mailing Address:		New Mailing Address:		
9804 NW 80 AVE. HIALEAH GARDENS, FL 33016		13117 NW 107TH AVE UNIT 1 HIALEAH GARDENS, FL 33018		
FEI Number	: 20-1449191 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	NTONIO BT 30 STREET FL 33012 US			
	e named entity submits this statement for the perfection of the perfection of the perfection and the perfection of the p	ourpose of changing its registere	ed office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete REYES, ANTONIO 1033 WEST 30 STREET HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete REYES, CARIDAD X 1033 WEST 30 STREET HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete GONZALEZ, EVELIO 1060 WEST 30 STREET HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete GONZALEZ, ZOILA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANTONIO REYES V.P. 04/06/2009