

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057103

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** PRODUCTION FACILITIES, LLC

**Current Principal Place of Business:**

6392 NW 84 AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6392 NW 84 AVE  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 20-1506283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VELASQUEZ, GLORIA  
6392 NW 84 AVE  
MIAMI, FL 33166 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:** VELASQUEZ, JORGE  
**Address:** 6392 NW 84 AVE  
**City-St-Zip:** MIAMI, FL 33166

**Title:** PD  
**Name:** VELASQUEZ, GLORIA  
**Address:** 6392 NW 84 AVE  
**City-St-Zip:** MIAMI, FL 33166

**Title:** MGRM  
**Name:** ANGEL, JUAN G  
**Address:** 6392 NW 84 AVE  
**City-St-Zip:** MIAMI, FL 33166

**Title:** MGRM  
**Name:** SERRANO, ANDRES  
**Address:** 6392 NW 84 AVE  
**City-St-Zip:** MIAMI, FL 33166

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:** GLORIA VELASQUEZ

PD

04/29/2010

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