

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064990

FILED
Sep 19, 2009
Secretary of State

Entity Name: OWENS ORGANIZATION, LLC

Current Principal Place of Business:

485 N.E. 128 STREET
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12864 BISCAYNE BLVD.
SUITE 332
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 73-1717937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OWENS, ROBERT
485 NORTH EAST 128TH STREET
NORTH MIAMI, FL 33161 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWENS, ROBERT
Address: 485 NE128 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGRM (X) Delete
Name: GRANT, PEARL
Address: 485 N.E. 128 STREET
City-St-Zip: MIAMI, FL 33161

Title: MGRM (X) Delete
Name: VALCIN, REGINE
Address: 8754 MIRAMAR BOULEVARD
City-St-Zip: MIRAMAR, FL 33005

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT V. OWENS

MGR

09/19/2009

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