

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065266

Entity Name: OESTARA PUBLISHING LLC

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

303 GALEN DRIVE
102
KEY BISCAVNE, FL 33149 US

New Principal Place of Business:

1214 CAPRI STREET
CORAL GABLES, FL 33134 US

Current Mailing Address:

303 GALEN DRIVE
102
KEY BISCAVNE, FL 33149 US

New Mailing Address:

1214 CAPRI STREET
102
CORAL GABLES, FL 33134 US

FEI Number: 20-1778164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA, FL 34231 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 () Delete
Name: RAMON, GUILLERMO
Address: 303 GALEN DRIVE #102
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: MGRM () Delete
Name: CLAY, CYNTHIA
Address: 303 GALEN DRIVE # 102
City-St-Zip: KEY BISCAVNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMON, GUILLERMO
Address: 1214 CAPRI STREET
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM (X) Change () Addition
Name: CLAY, CYNTHIA
Address: 1214 CAPRI STREET
City-St-Zip: CORAL GABLES, FL 33134

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: CYNTHIA JOYCE CLAY

MS

04/02/2009

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