

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068422

Entity Name: MONTERO & PINEDA LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

6700 NW 186 ST
APT 115
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

6700 NW 186 ST
APT 115
HIALEAH, FL 33015

New Mailing Address:

6700 NW 186 ST
APT 115
HIALEAH, FL 33014

FEI Number: 34-2019410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTERO, DAVID
6700 NW 186 ST
HIALEAH, FL 33015 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: MONTERO, DAVID
Address: 6700 NW 186 ST APT 115
City-St-Zip: HIALEAH, FL 33015

Title: MGRM () Delete
Name: PINEDA, AURA
Address: 6700 NW 186 ST APT 115
City-St-Zip: HIALEAH, FL 33015

Title: MGRM () Delete
Name: MONTERO, ANDRES
Address: 6700 NW 186 ST APT 115
City-St-Zip: HIALEAH, FL 33015

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: ANDRES F MONTERO

MGRM

04/20/2009

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