

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069260

FILED  
Feb 28, 2008  
Secretary of State

Entity Name: CORINONO, LLC

**Current Principal Place of Business:**

1031 BAMBOO LANE  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MONAHAN, CCS 10118  
PO BOX 025323  
MIAMI, FL 33102 US

**New Mailing Address:**

FEI Number: 56-2486725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONAHAN, ROARK R CPA  
4000 PONCE DE LEON BLVD  
SUITE470, OFFICE # 5  
CORAL GABLES, FL 33146 US

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

MONAHAN, ROARK R CPA  
4000 PONCE DE LEON BLVD  
SUITE470, OFFICE # 13  
CORAL GABLES, FL 33146 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: ROARK R MONAHAN

02/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DE PONCE, ELIZABETH  
Address: 1031 BAMBOO LANE  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Delete  
Name: PONCE, ALBERTO J  
Address: 1031 BAMBOO LANE  
City-St-Zip: WESTON, FL 33327 US

**ADDITIONS/CHANGES:**

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: ALBERTO PONCE

MGRM

02/28/2008

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