

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088788

Entity Name: AGUILA DESCALZA, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

4258 NORTH MICHIGAN AVE.  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

617 GEORGETOWN DR  
CASSELBERRY, FL 32707

## Current Mailing Address:

4258 NORTH MICHIGAN AVE.  
MIAMI BEACH, FL 33140

## New Mailing Address:

617 GEORGETOWN DR  
CASSELBERRY, FL 32707

FEI Number: 20-1986401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALARCON, HECTOR  
4258 NORTH MICHIGAN AVE.  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

ALARCON, HECTOR  
617 GEORGETOWN DR  
CASSELBERRY, FL 32707 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: HECTOR ALARCON

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ALARCON, HECTOR  
Address: 4258 NORTH MICHIGAN AVE.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: TORO, ISABEL C  
Address: 4258 NORTH MICHIGAN AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: AGUIRRE, CARLOS M  
Address: 4258 NORTH MICHIGAN AVE.  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ALARCON, HECTOR  
Address: 617 GEORGETOWN DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Change ( ) Addition  
Name: TORO, ISABEL C  
Address: 617 GEORGETOWN DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Change ( ) Addition  
Name: AGUIRRE, CARLOS M  
Address: 617 GEORGETOWN DR  
City-St-Zip: CASSELBERRY, FL 32707

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: HECTOR ALARCON

MGR

04/30/2009

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