

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007412

Entity Name: FERU DISTRIBUCION L.L.C.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

8285 NW 64TH ST.
STE # 1
MIAMI, FL 33166 US

Current Mailing Address:

11904 MIRAMAR PKWY
MIRAMAR, FL 33025 US

New Principal Place of Business:

5901 NW 176TH ST
8
MIAMI, FL 33015 US

New Mailing Address:

17913 NW, 7TH STREET
103
PEMBROKE PINES, FL 33029 US

FEI Number: 41-2169847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

URDANETA, JESUS A
8285 NW 64TH ST.
STE # 1
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

URDANETA, JESUS A
5901 NW 176TH ST
8
MIAMI, FL 33015 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:

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: URDANETA, JESUS A
Address: 17240 NW 64 AVE, APT. 310
City-St-Zip: MIAMI, FL 33015 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: URDANETA, JESUS A
Address: 5901 NW 176TH ST, BAY #8
City-St-Zip: MIAMI, FL 33015 US

Title: MGR () Change (X) Addition
Name: ROSALES, ROIRSA
Address: 5901 NW 176TH ST, BAY #8
City-St-Zip: MIAMI, FL 33015

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: JESUS URDANETA

MGR

02/04/2009

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