

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007778

Entity Name: MARCAVID, LLC

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

18839 BISCAYNE BOULEVARD
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

18839 BISCAYNE BOULEVARD
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 98-0449888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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: DEL CASTILLO, LUIS ALBERTO
Address: 18839 BISCAYNE BOULEVARD
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: VIVES, MAURICIO
Address: 18839 BISCAYNE BOULEVARD
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: ROMERO, GONZALO
Address: 18839 BISCAYNE BOULEVARD
City-St-Zip: AVENTURA, FL 33180 US

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: LUIS ALBERTO DEL CASTILLO

MGRM

03/03/2009

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