

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017437

FILED
Mar 18, 2009
Secretary of State

Entity Name: PLASTIFLEX, LLC

Current Principal Place of Business:

1572 NW 165TH ST
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1572 NW 165TH ST
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-2408295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORTIZ, ROBERTO J
536 BILTMORE WAY
CUEVAS & ORTIZ, P.A.
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: S () Delete
Name: DE ROA, FERNANDO
Address: 1572 NW 165TH ST
City-St-Zip: MIAMI, FL 33169

Title: P () Delete
Name: SALGUERO, ANTONIO
Address: 1572 NW 165TH ST
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: MARTI, JORGE
Address: 1572 NW 165TH ST
City-St-Zip: MIAMI, FL 33169

Title: V () Delete
Name: MARTI DE SALGUERO, MARIA A
Address: 1572 NW 165TH ST
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: MARTI, JAIME
Address: 1572 NW 165TH ST
City-St-Zip: MIAMI, FL 33169

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:

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: FERNANDO DE ROA

S

03/18/2009

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