## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000025792

Entity Name: EXITO LLC

FILED Mar 19, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1949 KADIMA CIRCLE 2711 S ADAMS STREET

FT. WALTON BEACH, FL 32547 306 ARLINGTON, VA 22206

Current Mailing Address: New Mailing Address:

1949 KADIMA CIRCLE 2711 S ADAMS STREET FT. WALTON BEACH, FL 32547 306

ARLINGTON, VA 22206

FEI Number: 20-2552405 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ASHWOOD, ROBIN 1949 KADIMA CIRCLE

FT. WALTON BEACH, FL 32547 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DEL SONTRO, RICKY N
 Name:

 Address:
 1312 29TH STREET NW
 Address:

 City-St-Zip:
 WASHINGTON, DC 20007
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM ( X) Change ( ) Addition Name: ASHWOOD, ROBIN Name: ASHWOOD, ROBIN

Address: 1949 KADIMA CIRCLE Address: 2711 S ADAMS STREET #306
City-St-Zip: FT. WALTON BEACH, FL 32547 City-St-Zip: ARLINGTON, VA 22206

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: DEL SONTRO, PETER Name: DEL SONTRO, PETER

 Address:
 1000 SE 5TH AVENUE
 Address:
 1395 S OCEAN BLVD #401

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:
 POMPANO BEACH, FL 33062

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition Name: DEL SONTRO. STEPHEN Name:

 Name:
 DEL SONTRO, STEPHEN
 Name:

 Address:
 214 AMIEES WAY
 Address:

 City-St-Zip:
 NEW EGYPT, NJ 08533
 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: ROBIN ASHWOOD MGR 03/19/2009