

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027290

Entity Name: TORR GROUP, LLC

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1221 NORTH  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

930 CHANLER DRIVE  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 74-3142002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUZMAN, GERSON  
930 CHANLER DRIVE  
HAINES CITY, FL 33844 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: RANDO, ELIZABETH  
Address: 10915 SW 48TH ST  
City-St-Zip: MIAMI, FL 33165

Title: MGRM ( ) Delete  
Name: TORRES, DEBRA  
Address: 2101 FAWN MEADOW CIR  
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: LOZADA, FRANCISCO  
Address: 15515 NW 12TH CT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete  
Name: GARCIA, EDGAR  
Address: 7421 NE 8TH AVE  
City-St-Zip: MIAMI, FL 33135

**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:

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: DEBRA TORRES

MGRM

04/20/2009

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