

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034891

Entity Name: ALBELSI ENTERPRISES, LLC

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

6041 SW 129 CT  
MIAMI, FL 33183

**New Principal Place of Business:**

6041 SW 129 CT  
MIAMI, FL 33183 US

**Current Mailing Address:**

6041 SW 129 CT  
MIAMI, FL 33183

**New Mailing Address:**

6041 SW 129 CT  
MIAMI, FL 33183 US

FEI Number: 20-2648237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AQUINO, ALBERTO J  
6041 SW 129 CT  
MIAMI, FL 33183 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: AQUINO, ALBERTO J  
Address: 6041 SW 129 CT  
City-St-Zip: MIAMI, FL 33183

Title: MGRM ( ) Delete  
Name: AQUINO, ELSIE  
Address: 6041 SW 129 CT  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AQUINO, ALBERTO J  
Address: 6041 SW 129 CT  
City-St-Zip: MIAMI, FL 33183 US

Title: MGRM (X) Change ( ) Addition  
Name: AQUINO, ELSIE  
Address: 6041 SW 129 CT  
City-St-Zip: MIAMI, FL 33183 US

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: ALBERTO J. AQUINO

MGRM

01/22/2009

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