

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043443

FILED
Apr 26, 2009
Secretary of State

Entity Name: OCANUVA HOLDINGS, LLC

Current Principal Place of Business:

1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

7450 S.W. 86TH CT
MIAMI, FL 33143

New Mailing Address:

7042 NW 107 PL.
DORAL, FL 33178

FEI Number: 20-4226956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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: MGR () Delete
Name: OCARIZ, HIRAM
Address: 999 PONCE DE LEON BLVD., SUITE 1045
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: NUNEZ, JOSE
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: VALENZUELA, RONNY
Address: 747 PONCE DE LEON BLVD., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: OCARIZ, GRISELL B
Address: 7450 S.W. 86TH CT.
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: NUNEZ, VERONICA
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: VALENZUELA, LYNETTE
Address: 747 PONCE DE LEON BLVD. SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

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
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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: VERONICA NUNEZ

MGR

04/26/2009

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