

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043853

FILED
Apr 22, 2009
Secretary of State

Entity Name: EDAL, LLC

Current Principal Place of Business:

3450 NW 36TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3450 NW 36TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-2871981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLSTANO, EDUARDO
3450 NW 36TH STREET
MIAMI, FL 33142 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: TOLSTANO, EDUARDO
Address: 3450 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: TOLSTANO, RAQUEL GARCIEL
Address: 3450 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: DAYAN, ALBERTO R
Address: 3450 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: DAYAN, MONICA R R
Address: 3450 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

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: EDUARDO J TOLSTANO

P

04/22/2009

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