

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049864

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: LA COLMENA LOCKSMITH, LLC

## Current Principal Place of Business:

1990 BRICKELL AVE., SUITE #J  
MIAMI, FL 33129

## New Principal Place of Business:

1990 BRICKELL AVE.  
SUITE-J  
MIAMI, FL 33129

## Current Mailing Address:

1990 BRICKELL AVE., SUITE #J  
MIAMI, FL 33129

## New Mailing Address:

1990 BRICKELL AVE.  
SUITE-J  
MIAMI, FL 33129

FEI Number: 20-2866696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGLESIAS, ADOLFO E  
13170 S.W. 128TH STREET  
SUITE 203  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

IGLESIAS, ADOLFO E  
12060 SW 129TH COURT  
SUITE 104  
MIAMI, FL 33186 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:

04/08/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GUTIERREZ, JOHN  
Address: 1990 BRICKELL AVE., SUITE #J  
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Delete  
Name: HENAO, ANITA  
Address: 1990 BRICKELL AVE., SUITE #J  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES:

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: JOHN GUTIERREZ

MGRM

04/08/2009

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