

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058819

Entity Name: 9705 EAST HIBISCUS, LLC

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

15321 S. DIXIE HWY
312
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15321 S. DIXIE HWY
312
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-2995875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, ELLIOTT
111 SW 3RD STREET, 6TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

VILLAMIL, CARLOS E
15321 S. DIXIE HWY
312
MIAMI, FL 33157 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: CARLOS VILLAMIL

01/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARANGES, RAMON
Address: 10881 NW 29 ST.
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: VICENTE, SONIA
Address: 7360 SW 123 TERR
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: RUIZ, ERNESTO
Address: 30 AVE 18-32 ZONA 10
City-St-Zip: GUATEMALA CITY, GUATEMALA,

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:

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: SONIA VICENTE

MGRM

01/28/2009

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