

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000065685

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** MAQUEIRA FORTY-FIVE, LLC

**Current Principal Place of Business:**

419 CACTUS DRIVE  
KEY WEST, FL 33041

**New Principal Place of Business:**

419 CACTUS DRIVE  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 525  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

GASTESI, RAUL JR.  
8105 NW 155 STREET  
MIAMI LAKES, FL 33016      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  
Name: MAQUEIRA, JUSTO SR  
Address: 419 CACTUS DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM  
Name: MAQUEIRA, LISSETTE A  
Address: 2604 BAYLEAF COURT  
City-St-Zip: PANAMA CITY, FL 32405

I hereby 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: L:ISSETTE A. MAQUEIRA                      MGRM                      02/02/2011

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