

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079433

FILED
Apr 18, 2009
Secretary of State

Entity Name: SEBRING INVESTMENTS, LLC

Current Principal Place of Business:

8824 CORAL WAY
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8824 CORAL WAY
MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-3749080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERO, NESTOR
8824 CORAL WAY
MIAMI, FL 33165 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 () Delete
Name: GONZALEZ, ALFREDO
Address: 1130 S.W. 97TH CT
City-St-Zip: MIAMI, FL 33174

Title: MGRM () Delete
Name: CRAWLEY, FRANK D
Address: 4220 S.W. 156TH PLACE
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: LOPEZ, JORGE A
Address: 234 S.W. 102 CT.
City-St-Zip: MIAMI, FL 33174

Title: MGRM () Delete
Name: RIVERO, NESTOR
Address: 8824 CORAL WAY
City-St-Zip: MIAMI, FL 33165

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: NESTOR RIVERO

MNGR

04/18/2009

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