

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092888

FILED
Apr 02, 2009
Secretary of State

Entity Name: VIRGEN INVESTMENTS, LLC

Current Principal Place of Business:

17440 U.S. HIGHWAY 301 NORTH
DADE CITY, FL 33525

New Principal Place of Business:

17440 U.S. HIGHWAY 301 NORTH
DADE CITY, FL 33523

Current Mailing Address:

17440 U.S. HIGHWAY 301 NORTH
DADE CITY, FL 33525

New Mailing Address:

17440 U.S. HIGHWAY 301 NORTH
DADE CITY, FL 33523

FEI Number: 20-3619739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCK, P. HUTCHISON II
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 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: VIRGEN, ROBERTO
Address: 17440 U.S. HIGHWAY 301 NORTH
City-St-Zip: DADE CITY, FL 33525

Title: MGRM () Delete
Name: VIRGEN, HILDA
Address: 17440 U.S. HIGHWAY 301 NORTH
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VIRGEN, ROBERTO
Address: 17440 U.S. HIGHWAY 301 NORTH
City-St-Zip: DADE CITY, FL 33523

Title: MGRM (X) Change () Addition
Name: VIRGEN, HILDA
Address: 17440 U.S. HIGHWAY 301 NORTH
City-St-Zip: DADE CITY, FL 33523

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: HILDA VIRGEN

MGRM

04/02/2009

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