

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100947

FILED
Jul 08, 2008
Secretary of State

Entity Name: MEROD INVESTMENTS, L.L.C.

Current Principal Place of Business:

2890 NW 127 STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2790 NW 127 STREET
OPA LOCKA, FL 33054

New Mailing Address:

PO BOX 527711
MIAMI, FL 33152

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEDINA, AIDA
2890 NW 127 STREET
MIAMI, FL 33054 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: MGR () Delete
Name: MEDINA, JORGE
Address: 2890 NW 127 STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: P () Delete
Name: MEDINA, AIDA
Address: 2890 NW 127 STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR () Delete
Name: RODRIGUEZ, JOSE
Address: 2890 NW 127 STREET
City-St-Zip: OPA LOCKA, FL 33054

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: AIDA MEDINA

PRES

07/08/2008

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