

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103380

Entity Name: CIMADE GROUP, L.L.C.

FILED  
Mar 06, 2009  
Secretary of State

## Current Principal Place of Business:

8500 W. FLAGLER STREET, B-208  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

8500 W. FLAGLER STREET, B-208  
MIAMI, FL 33144

## New Mailing Address:

FEI Number: 20-3660902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIOS, MARIO  
8500 W. FLAGLER STREET, B-208  
MIAMI, FL 33144 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: CIMADEVILLA, JOSE  
Address: 8500 W. FLAGLER STREET, B-208  
City-St-Zip: MIAMI, FL 33144

Title: MGR ( ) Delete  
Name: CAICEDO, MARIA E  
Address: 8500 W. FLAGLER STREET, B-208  
City-St-Zip: MIAMI, FL 33144

Title: MGR ( ) Delete  
Name: CIMADEVILLA, MANUEL J  
Address: 8500 W FLAGLER STREET, B-208  
City-St-Zip: MIAMI, FL 33144

Title: MGR ( ) Delete  
Name: CIMADEVILLA, JORGE H  
Address: 8500 W FLAGLER STREET, B-208  
City-St-Zip: MIAMI, FL 33144

Title: MGR ( ) Delete  
Name: CIMADEVILLA, MARIA DEL PILA  
Address: 8500 W FLAGLER STREET, B208  
City-St-Zip: MIAMI, FL 33144

## 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:

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: JOSE CIMADEVILLA

PRES

03/06/2009

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