

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111819

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ORIGINET LLC

**Current Principal Place of Business:**

335 NAVARRE AVENUE #7  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

335 NAVARRE AVENUE  
APT #7  
CORAL GABLES, FL 33134

**Current Mailing Address:**

335 NAVARRE AVENUE #7  
CORAL GABLES, FL 33134

**New Mailing Address:**

335 NAVARRE AVENUE  
APT #7  
CORAL GABLES, FL 33134

FEI Number: 20-3816545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ-FEBLES, TOMAS J  
335 NAVARRE AVENUE #7  
CORAL GABLES, FL 33134 US

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

PEREZ-FEBLES, TOMAS J  
335 NAVARRE AVENUE  
APT #7  
CORAL GABLES, FL 33134 US

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: TJ

04/30/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PEREZ-FEBLES, TOMAS J  
Address: 335 NAVARRE AVENUE #7  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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: TJ

MGR

04/30/2009

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