

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118699

FILED
Apr 25, 2009
Secretary of State

Entity Name: LABCO IMPORT & EXPORT, L L C

Current Principal Place of Business:

6191 W. ATLANTIC BLVD.
SUITE 8
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6191 W. ATLANTIC BLVD.
SUITE 8
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-4427872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALIZIA, GIOVANBATISTA
1835 WEST FLAGLER ST
SUITE 201-272
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

AR FINANCIAL SERVICES
6191 W ATLANTIC BLVD
SUITE 8
MAGATE, FL 33063 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: ALEX RODRIGUEZ

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JIMENEZ, ALBERTO
Address: 1835 WEST FLAGLER ST, SUITE 201-272
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: RODRIGUEZ, CARLOS
Address: 1835 WEST FLAGLER ST, SUITE 201- 272
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: GALIZIA, GIOVANBATISTA
Address: 1835 WEST FLAGLER ST, SUITE 201- 272
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: CARDELINO, OSCAR
Address: 1835 WEST FLAGLER ST, SUITE 201- 272
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: RIVAS, LUIS F
Address: 1835 WEST FLAGLER ST, SUITE 201/ 272
City-St-Zip: MIAMI, FL 33135

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: GIOVABATISTA GALIZIA

MGRM

04/25/2009

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