2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000121842

Entity Name: MGA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

8245 SW 145 STREET
MIAMI, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON
304
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSIO, EDUARDO
901 PONCE DE LEON BLVD
304
CORAL GABLES, FL 33134 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:	COSIO, ROBERTO R	
Address:	8245 SW 145 STREET	
City-St-Zip:	MAIMI, FL 33158 US	
Title:	MGMR	( ) Delete
Name:	COSIO, ALINA	
Address:	8245 SW 145 STREET	
City-St-Zip:	MIAMI, FL 33158 US	
Title:	MGRM	( ) Delete
Name:	COSIO, J RAUL	
Address:	12310 SW 93 COURT	
City-St-Zip:	MIAMI, FL 33176 US	
Title:	MGRM	( ) Delete
Name:	COSIO, MARIA F	
Address:	12310 SW 93 COURT	
City-St-Zip:	MIAMI, FL 33176 US	
Title:	MGRM	( ) Delete
Name:	COSIO, EDUARDO	
Address:	8050 SW 53RD COURT	
City-St-Zip:	MIAMI, FL 33143 US	
Title:	MGRM	( ) Delete
Name:	COSIO, GRACE	
Address:	8050 SW 53RD COURT	
City-St-Zip:	MIAMI, FL 33143 US	

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:	
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: EDUARDO COSIO MR. 04/29/2009

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