

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006609

FILED
Jan 05, 2009
Secretary of State

Entity Name: DECUSTUTAMEN LLC.

Current Principal Place of Business:

20191 E. COUNTRY CLUB DRIVE
SUITE # 2204
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

PO BOX 610788
N MIAMI, FL 33261

New Mailing Address:

FEI Number: 54-2193584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLEN, MICHAEL
20191 E. COUNTRY CLUB DRIVE
SUITE # 2204
AVENTURA, FL 33180 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: GUILLEN, MICHAEL
Address: 20191 E. COUNTRY CLUB DRIVE, STE #2204
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SOLORZANO, GISELLE
Address: 20191 E. COUNTRY CLUB DRIVE, STE#2204
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: PEÑA, AMANDA
Address: 20191 E. COUNTRY CLUB DRIVE, STE#2204
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL GUILLEN

MGRM

01/05/2009

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