

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007878

Entity Name: 619 SW 2 STREET, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

9600 NW 25 STREET
SUITE 3F
DORAL, FL 33172 US

Current Mailing Address:

9600 NW 25 STREET
SUITE 3F
DORAL, FL 33172 US

FEI Number: 20-4184348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

6405 NW 36 STREET
SUITE 222
MIAMI, FL 33166 US

New Mailing Address:

6405 NW 36 STREET
SUITE 222
MIAMI, FL 33166 US

Name and Address of Current Registered Agent:

JARAMILLO, SEBASTIAN
66 W. FLAGLER STREET
SUITE 500
MIAMI, FL 33130 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: JARAMILLO, GUSTAVO
Address: 9600 NW 25 STREET SUITE 3F
City-St-Zip: MIAMI, FL 33172 US

Title: MGRM () Delete
Name: JARAMILLO, DANIEL
Address: 9600 NW 25 STREET SUITE 3F
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JARAMILLO, GUSTAVO
Address: 6405 NW 36 STREET SUITE 222
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM (X) Change () Addition
Name: JARAMILLO, DANIEL
Address: 6405 NW 36 STREET SUITE 222
City-St-Zip: MIAMI, FL 33166 US

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: DANIEL JARAMILLO

MGRM

04/22/2009

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