

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008438

Entity Name: LIA, LLC

FILED
Jun 30, 2009
Secretary of State

Current Principal Place of Business:

3972 ADRA AVENUE, UNIT F-52
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

1335 W. FILLMORE ST.
C
CHICAGO, IL 60607

New Mailing Address:

3972 ADRA AVENUE, UNIT F-52
DORAL, FL 33178

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VELEZ, BIANCA M
3972 ADRA AVENUE, UNIT F-52
DORAL, FL 33178 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: MGR () Delete
Name: VELEZ, PILAR
Address: 3972 ADRA AVENUE, UNIT F-52
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: VELEZ, BIANCA M
Address: 3972 ADRA AVENUE, UNIT F-52
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Delete
Name: VELEZ, JOSE E
Address: 3972 ADRA AVENUE, UNIT F-52
City-St-Zip: DORAL, FL 33178

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: BIANCA M. VELEZ

MGR

06/30/2009

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