

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009426

Entity Name: MARA-CARGO, L.L.C.

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

6020 NW 99 AVE, 304  
DORAL, FL 33178 US

## Current Mailing Address:

6020 NW 99 AVE, 304  
DORAL, FL 33178 US

## New Principal Place of Business:

6020 NW 99 AVE  
#304  
DORAL, FL 33178 US

## New Mailing Address:

6020 NW 99 AVE  
#304  
DORAL, FL 33178 US

FEI Number: 20-4183583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RINCON, LUIS G  
8318 NW 56 ST  
DORAL, FL 33166 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: RINCON, LUIS G  
Address: 8318 NW 56 ST  
City-St-Zip: DORAL, FL 33166 US

Title: MGRM ( ) Delete  
Name: RINCON, LEONARDO A  
Address: 8318 NW 56 ST  
City-St-Zip: DORAL, FL 33166 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RINCON, LUIS G  
Address: 6020 NW 99 AVE #304  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM (X) Change ( ) Addition  
Name: RINCON, LEONARDO A  
Address: 6020 NW 99 AVE  
City-St-Zip: DORAL, FL 33178 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: LUIS G. RINCON

MGRM

03/02/2009

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