

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027896

Entity Name: EVA CALZADILLA LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

446 CONSERVATION DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

446 CONSERVATION DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-4507474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALZADILLA, EVA PRESIDE
446 CONSERVATION DRIVE
WESTON, FL 33327 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: CALZADILLA, EVA
Address: 446 CONSERVATION DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Delete
Name: CALZADILLA, LUIS M
Address: 446 CONSERVATION DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Delete
Name: MORENO CALZADILLA, EVE M
Address: 446 CONSERVATION DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGER (X) Change () Addition
Name: CALZADILLA, LUIS M
Address: 446 CONSERVATION DRIVE
City-St-Zip: WESTON, FL 33327 US

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: EVA CALZADILLA

PRES

04/28/2009

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