2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L06000028335

Entity Name: CUYAGUA EVERGLADES L.L.C.

Current Principal Place of Business:

10334 NW 55TH ST
SUNRISE, FL 33351 US

New Principal Place of Business:

5543 N NOB HILL RD
SUNRISE, FL 33351 US

Current Mailing Address:

PO BOX 267548
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-4509442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALARRAGA, JAVIER
10334 NW 55TH ST
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

GALARRAGA, JAVIER
5543 N NOB HILL RD
SUNRISE, FL 33351 US

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: JAVIER GALARRAGA 03/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GALARRAGA, JAVIER	
Address:	PO BOX 267548	
City-St-Zip:	WESTON, FL 33326 US	
Title:	MGRM	( ) Delete
Name:	GALARRAGA, MARIA I	
Address:	PO BOX 267548	
City-St-Zip:	WESTON, FL 33326 US	
Title:	MGRM	( ) Delete
Name:	GALARRAGA, GONZALO	
Address:	PO BOX 267548	
City-St-Zip:	WESTON, FL 33326 US	

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: JAVIER GALARRAGA MGRM 03/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date