

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028509

Entity Name: TRIDELCA, LLC

FILED
Jul 29, 2009
Secretary of State

Current Principal Place of Business:

10300 NW 19TH STREET
STE 104
DORAL, FL 33172

Current Mailing Address:

10300 NW 19TH STREET
STE 104
DORAL, FL 33172

New Principal Place of Business:

8300 NW 53RD STREET
SUITE 350
DORAL, FL 33166

New Mailing Address:

8300 NW 53RD STREET
SUITE 350
DORAL, FL 33166

FEI Number: 20-4513087 FEI Number Applied For () FEI Number Not Applicable () 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:

PAUL SALVER, P.A.
2721 EXECUTIVE PARK DRIVE #3
WESTON, FL 33331 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: CASTRO, WILLBURG
Address: CALLE LA ALMEDA EDIF ALAMEDA REGENCY PISO
City-St-Zip: APT. 32 EL ROSAL , CARACAS V,

Title: MGE () Delete
Name: BEJARANO, JUAN CARLOS
Address: CARRERA 5 #17 URBANIZACION DELFIN MENDOZA
City-St-Zip: TUCUPITA EDO DELTA AMACURO V,

Title: MGE () Delete
Name: HERNANDEZ, RENE
Address: AV. GUASIMA QTA. SAN ANTONIO
City-St-Zip: TUCUPITA EDO DELTA AMACURO V,

Title: D () Delete
Name: HARADA, HIROSHI
Address: 6700 NW 114TH AVE., #906
City-St-Zip: DORAL, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RODRIGUEZ, ROSSAN
Address: 8300 NW 53RD STREET, SUITE 350
City-St-Zip: DORAL, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARADA, HIROSHI
Address: 8300 NW 53RD STREET, SUITE 350
City-St-Zip: DORAL, FL 33166

Title: MGR () Change (X) Addition
Name: MARANTE, NATIANA
Address: 8300 NW 53 STREET, SUITE 350
City-St-Zip: DORAL, FL 33166

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: HIROSHI HARADA

D

07/29/2009

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