

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029193

FILED  
Aug 18, 2009  
Secretary of State

Entity Name: MCA BUSINESS ENTERPRISES LLC

**Current Principal Place of Business:**

10773 NW 58 ST  
544  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10773 NW 58 ST  
544  
MIAMI, FL 33018

**New Mailing Address:**

10773 NW 58 ST  
544  
MIAMI, FL 33178

FEI Number: 20-4589490      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:**

**Name and Address of New Registered Agent:**

AVIRAMA, MARIA C  
10773 NW 58 ST  
544  
MIAMI, FL 33178 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AVIRAMA, MARIA C  
Address: 973 NW 132 AV W  
City-St-Zip: MIAMI, FL 33182

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, ERICK  
Address: 973 NW 132 AV W  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES:**

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: MARIA AVIRAMA

MGR

08/18/2009

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