

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047484

Entity Name: ML COMMUNICATIONS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1008 W ALVERDEZ AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

1008 W ALVERDEZ AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 20-4839142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIRA, MIGUEL A
1008 W ALVERDEZ AVE
CLEWISTON, FL 33440 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: NEIRA, MIGUEL A
Address: 1008 W ALVERDEZ AVE
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM () Delete
Name: DE NEIRA, LORENA C
Address: 1008 W ALVERDEZ AVE
City-St-Zip: CLEWISTON, FL 33440

Title: MGR () Delete
Name: TAMEZ, TOMASA
Address: 1022 W ALVERDEZ AVE
City-St-Zip: CLEWISTON, FL 33440

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: MIGUEL NEIRA

MGRM

04/30/2009

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