

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048825

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ODIGOMI INVESTMENTS, LLC

**Current Principal Place of Business:**

6408 W. LINEBAUGH AVENUE  
SUITE 101-102  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

6408 W. LINEBAUGH AVENUE  
SUITE 101-102  
TAMPA, FL 33625 US

**New Mailing Address:**

FEI Number: 20-4860043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARLETTI, OTTAVIO  
5716 PINEY LANE DRIVE  
TAMPA, FL 33625 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: CARLETTI, OTTAVIO  
Address: 5716 PINEY LANE DRIVE  
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM ( ) Delete  
Name: CIFUENTES, CLAUDIA M  
Address: 5716 PINEY LANE DRIVE  
City-St-Zip: TAMPA, FL 33625 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: CIFUENTES, CLAUDIA M  
Address: 9841 BAYBORO BRIDGE DR  
City-St-Zip: TAMPA, FL 33626 US

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: CARLETTI OTTAVIO

MGRM

04/27/2009

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