2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052104

Entity Name: EL REFUGIO, LLC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16171 BLATT BLVD SUITE 203 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

2723 CENTER COURT DR WESTON, FL 33332

FEI Number: 20-4903824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SILVA'S ENTERPRISE, INC, 5220 S UNIVERSITY DR SUITE C-102 DAVIE, FL 33328 US

LIDA CIFUENTES 2723 CENTER COURT DR WESTON, FL 33332

MGRM

MGRM

CIFUENTES, LIDA

WESTON, FL 33332

2723 CENTER COURT DR

(X) Change () Addition

(X) Change () Addition

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: LIDA CIFUENTES 04/24/2009

> Electronic Signature of Registered Agent Date

> > Title:

Title:

Name:

Address:

City-St-Zip:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete

CIFUENTES, LIDA Name: Address: 16171 BLATT BLVD SUITE 203

City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete

Name: CIFUENTES, EVA

City-St-Zip:

Name: CIFUENTES, EVA Address: 16171 BLATT BLVD SUITE 203 Address: 2723 CENTER COURT DR WESTON, FL 33326 City-St-Zip: WESTON, FL 33332

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: LIDA CIFUENTES 04/24/2009