

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056689

Entity Name: TRES HERMANOS, LLC

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

12403 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 48237  
SEATTLE, WA 98148

**New Mailing Address:**

FEI Number: 20-5065353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: RAMOS, JOSE L  
Address: 19404 6TH AVENUE SOUTH  
City-St-Zip: DES MOINES, WA 98148

Title: MGRM ( ) Delete  
Name: RAMOS, HECTOR  
Address: 25405 126TH AVE. S.E.  
City-St-Zip: KENT, WA 98031

Title: MGRM ( ) Delete  
Name: RAMOS, VICTOR  
Address: 4652 SOUTH 160TH STREET  
City-St-Zip: TUKWILA, WA 98188

**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: JOSE L. RAMOS

MGRM

03/23/2009

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