

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061595

FILED  
May 03, 2009  
Secretary of State

Entity Name: REINALDO CUELLAR, LLC

**Current Principal Place of Business:**

6450 78TH AVENUE NORTH  
APT 13  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

7831 67TH ST N  
PINELLAS PARK, FL 33781 US

**Current Mailing Address:**

6450 78TH AVENUE NORTH  
APT 13  
PINELLAS PARK, FL 33781 US

**New Mailing Address:**

7831 67TH ST N  
PINELLAS PARK, FL 33781 US

FEI Number: 20-5070377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

LECLAIR, CARLOS R  
12352 IMPERIAL DRIVE  
SEMINOLE, FL 33772 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: CUELLAR, REINALDO  
Address: 6450 78TH AVENUE NORTH, APT 13  
City-St-Zip: PINELLAS PARK, FL 33781 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CUELLAR, REINALDO  
Address: 7831 67TH ST N  
City-St-Zip: PINELLAS PARK, FL 33781 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: REINALDO CUELLAR

MGRM

05/03/2009

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