2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000062655

Entity Name: EPSILON, LLC.

Current Principal Place of Business:

6713 NW 109TH AVENUE
DORAL, FL 33178

New Principal Place of Business:

19387 SW 79 PLACE
CUTLER BAY, FL 33157

Current Mailing Address:

6713 NW 109TH AVENUE
DORAL, FL 33178

New Mailing Address:

19387 SW 79 PLACE
CUTLER BAY, FL 33157

FEI Number: 20-5084173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIERRA BOTI, ENRIQUE
6713 NW 109TH AVENUE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

SIERRA BOTI, ENRIQUE
19387 SW 79 PLACE
CUTLER BAY, FL 33157 US

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: 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIERRA BOTI, ENRIQUE
Address: 6713 NW 109TH AVENUE
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete
Name: DILLMANN, CLAUDIA M
Address: 6713 NW 109TH AVENUE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SIERRA BOTI, ENRIQUE
Address: 19387 SW 79 PLACE
City-St-Zip: CUTLER BAY, FL 33157

Title: MGRM (X) Change ( ) Addition
Name: DILLMANN, CLAUDIA M
Address: 19387 SW 79 PLACE
City-St-Zip: CUTLER BAY, FL 33157

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: ENRIQUE SIERRA MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date