

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071251

FILED
Jan 08, 2009
Secretary of State

Entity Name: THE LAW OFFICES OF MARILYN SANCHEZ-OSORIO, PLC

Current Principal Place of Business:

250 CATALONIA AVENUE
PH SUITE 804
CORAL GABLES, FL 33134

New Principal Place of Business:

4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146

Current Mailing Address:

250 CATALONIA AVENUE
PH SUITE 804
CORAL GABLES, FL 33134

New Mailing Address:

4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146

FEI Number: 30-0371792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ-OSORIO, MARILYN ESQUIRE
250 CATALONIA AVENUE
PH SUITE 804
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SANCHEZ-OSORIO, MARILYN ESQUIRE
4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANCHEZ-OSORIO, MARILYN ESQ.
Address: 250 CATALONIA AVENUE, PH SUITE 804
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANCHEZ-OSORIO, MARILYN ESQ.
Address: 4000 PONCE DE LEON BOULEVARD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

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: MARILYN SANCHEZ-OSORIO

MGRM

01/08/2009

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