

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075104

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FARMSTRONG SETTLEMENT SERVICES LLC

**Current Principal Place of Business:**

11920 SW 83 CT  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 565213  
MIAMI, FL 33256 US

**New Mailing Address:**

FEI Number: 20-8182504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VARELA, STEVEN E  
11920 SW 83 CT  
MIAMI, FL 33156 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: MENENDEZ, DAVID  
Address: P.O. BOX 565213  
City-St-Zip: MIAMI, FL 33256 US

Title: MGRM ( ) Delete  
Name: VIERA, FRED  
Address: P.O. BOX 565213  
City-St-Zip: MIAMI, FL 33256 US

Title: MGRM ( ) Delete  
Name: EMPRESARIO INVESTMENTS, LLC  
Address: P.O. BOX 565213  
City-St-Zip: MIAMI, FL 33256 US

**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: STEVEN E. VARELA

MGRM

04/27/2009

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