

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078307

FILED
Apr 30, 2009
Secretary of State

Entity Name: OPUS GROUP, LLC

Current Principal Place of Business:

1331 BRICKELL BAY DR. C1
MIAMI, FL 33131 US

New Principal Place of Business:

50 BISCAYNE BLVD. #1708
MIAMI, FL 33132 US

Current Mailing Address:

1331 BRICKELL BAY DR. C1
MIAMI, FL 33131 US

New Mailing Address:

50 BISCAYNE BLVD. #1708
MIAMI, FL 33132 US

FEI Number: 20-5346181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS DEL AMO, P.A.
3211 PONCE DE LEON BLVD.
SUITE 200
MIAMI, FL 33134 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: MGR () Delete
Name: BARRAGAN, ALEJANDRO
Address: 1331 BRICKELL BAY DR. C1
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: LENIS, ENRIQUE A
Address: 2552 JARDIN LANE
City-St-Zip: WESTON, FL 33327 US

Title: MGR () Delete
Name: LENIS, JAIME R
Address: 4692 NW 74 AVE.
City-St-Zip: MIAMI, FL 33166

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: JAIME LENIS

MGR

04/30/2009

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