

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088816

FILED
Apr 03, 2008
Secretary of State

Entity Name: BODIESEL OF SOUTH FLORIDA LLC

Current Principal Place of Business:

12465 SOUTHWEST 22 TERRACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12465 SOUTHWEST 22 TERRACE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-5743050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTAYA, RICARDO
12465 SOUTHWEST 22 TERRACE
MIAMI, FL 33175 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: CARTAYA, RICARDO
Address: 9231 S.W. 150 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: MORENO, MICHAEL
Address: 12465 SOUTHWEST 22ND TERRACE
City-St-Zip: MIAMI, FL 33175

Title: MGRM () Delete
Name: GARCIA-CARTAYA, FEDERICO
Address: 661 NORTHWEST 122 COURT
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARTAYA, RICARDO
Address: 12465 SOUTHWEST 22 TERRACE
City-St-Zip: MIAMI, FL 33175

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: MICHAEL MORENO

MGRM

04/03/2008

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