

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093357

Entity Name: ANTIGUA 6275, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

782 NW LEJEUNE ROAD, STE #4
MIAMI, FL 33126

New Principal Place of Business:

782 NW LEJEUNE ROAD, STE #3
MIAMI, FL 33126

Current Mailing Address:

782 NW LEJEUNE ROAD, STE #4
MIAMI, FL 33126

New Mailing Address:

782 NW LEJEUNE ROAD, STE #3
MIAMI, FL 33126

FEI Number: 20-5662495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEITAS, ROBERTO F
782 NW LEJEUNE ROAD, STE #4
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

FLEITAS, ROBERTO F
782 NW LEJEUNE ROAD, STE #3
MIAMI, FL 33126 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:

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KASABDJI, JORGEE
Address: 782 NW LEJEUNE ROAD, STE #4
City-St-Zip: MIAMI, FL 33126

Title: MGR (X) Delete
Name: KASABDJI AYUB, DJABRA
Address: 782 NW LEJEUNE ROAD, STE #4
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KASABDJI, JORGE
Address: 782 NW LEJEUNE ROAD, STE #3
City-St-Zip: MIAMI, FL 33126

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: JORGE KASABDJI

MGR

04/17/2009

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