

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097898

FILED
May 06, 2009
Secretary of State

Entity Name: MENDOZA-OLIVIERI DESIGNS LLC

Current Principal Place of Business:

137 GOLDEN ISLES DRIVE, APT. 1205
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

137 GOLDEN ISLES DRIVE, APT. 1205
HALLANDALE BEACH, FL 33009

New Mailing Address:

P.O. BOX 3262
HALLANDALE BEACH, FL 33008

FEI Number: 20-5669763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVIERI, ALEXSANDRA
137 GOLDEN ISLES DRIVE, APT. 1205
HALLANDALE BEACH, FL 33009 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: OLIVIERI, ALEXSANDRA
Address: 137 GOLDEN ISLES DRIVE, APT. 1205
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM () Delete
Name: MENDOZA, YOLANDA
Address: 137 GOLDEN ISLES DRIVE, APT. 1205
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

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: ALEXSANDRAOLIVIERI

MGRM

05/06/2009

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