

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097916

Entity Name: LA REYNA LLC

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

170 S. MULBERRY STREET
FELLSMERE, FL 32948

New Principal Place of Business:

8980 US HWY 1
SEBASTIAN, FL 32970

Current Mailing Address:

P.O. BOX 511
FELLSMERE, FL 32948

New Mailing Address:

FEI Number: 20-5737569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDOVA, ERICK J
170 S. MULBERRY STREET
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

CORDOVA, ERICK J
8646 105TH AVE
VERO BEACH, FL 32967 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: ERICK J CORDOVA

04/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORDOVA, ERICK J
Address: P.O. BOX 511
City-St-Zip: FELLSMERE, FL 32948

Title: MGRM () Delete
Name: AGUILAR, REYNA
Address: P.O. BOX 511
City-St-Zip: FELLSMERE, FL 32948

Title: MGRM () Delete
Name: CARRILLO, DANIEL
Address: P.O. BOX 511
City-St-Zip: FELLSMERE, FL 32948

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: ERICK CORDOVA

MGRM

04/01/2008

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