

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098668

FILED
Apr 03, 2009
Secretary of State

Entity Name: ARIAS INVESTMENTS, LLC

Current Principal Place of Business:

12772 SW 45 DRIVE
MIRAMAR, FL 33027 US

New Principal Place of Business:

335 NW 165 AVENUE
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

P. O. BOX 823674
PEMBROKE PINES, FL 33082 US

New Mailing Address:

FEI Number: 76-0841406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, ALFREDO A
12772 SW 45 DRIVE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

ARIAS, ALFREDO A
335 NW 165 AVENUE
PEMBROKE PINES, FL 33028 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: ALFREDO A. ARIAS

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: ARIAS, ALFREDO A
Address: 12772 SW 45 DRIVE
City-St-Zip: MIRAMAR, FL 33027 US

Title: VPS () Delete
Name: ARIAS, MARIA ELENA
Address: 12772 SW 45 DRIVE
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES:

Title: PT (X) Change () Addition
Name: ARIAS, ALFREDO A
Address: 335 NW 165 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VPS (X) Change () Addition
Name: ARIAS, MARIA ELENA
Address: 335 NW 165 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: ALFREDO A. ARIAS

PRES

04/03/2009

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