

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099795

Entity Name: MONTOYA LOPEZ, P.L.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

4960 SW 72ND AVE.
SUITE 303
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4960 SW 72ND AVE.
SUITE 303
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-5721201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTOYA, EDWARD
4960 S.W. 72 AVENUE
SUITE 303
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

MONTOYA, EDWARD ESQ.
4960 S.W. 72 AVENUE
SUITE 303
MIAMI, FL 33155 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: EDWARD MONTOYA

02/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTOYA, EDWARD
Address: 4960 SW 72ND AVE. SUITE 303
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: LOPEZ, JORGE
Address: 4960 SW 72ND AVE. SUITE 303
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MONTOYA, EDWARD ESQ
Address: 4960 SW 72ND AVE. SUITE 303
City-St-Zip: MIAMI, FL 33155

Title: MGR (X) Change () Addition
Name: LOPEZ, JORGE A ESQ
Address: 4960 SW 72ND AVE. SUITE 303
City-St-Zip: MIAMI, FL 33155

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: EDWARD MONTOYA

MR.

02/10/2009

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