## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103183

Entity Name: BELORSON, LLC

FILED Apr 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1820 N CORPORATE LAKES BLVD 20861 JOHNSON STREET UNIT 108 108

**SUITE # 206** 

WESTON, FL 33326 PEMBROKE PINES, FL 33029

**Current Mailing Address: New Mailing Address:** 

1820 N CORPORATE LAKES BLVD 20861 JOHNSON STREET UNIT 108 **SUITE # 206** 108

WESTON, FL 33326 US PEMBROKE PINES, FL 33029 US

FEI Number: 20-5779849 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIFONTES, LUIS A SIFONTES, LUIS A

1820 N CORPORATE LAKES BLVD 20861 JOHNSON STREET UNIT 108 206 WESTON, FL 33326 US PEMBROKE PINES, FL 33029 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: LUIS A. SIFONTES 04/18/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition

BERTORELLI, JESUS RAFAEL BERTORELLI, JESUS R Name: Name: 1820 N CORPORATE LAKES BLVD # 206 Address: 20861 JOHNSON STREET UNIT 108 Address:

City-St-Zip: WESTON, FL 33326 US City-St-Zip: PEMBROKE PINES, FL 33029 US

(X) Change ( ) Addition Title: MGRM () Delete Title: MGRM

Name: SIFONTES, LUIS A Name: SIFONTES, LUIS A Address: 1820 N CORPORATE LAKES BLVD # 206 Address: 20861 JOHNSON STREET UNIT 108

City-St-Zip: WESTON, FL 33326 US City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR (X) Delete Title: () Change () Addition LORENZO, JOSE Name: Name:

1820 N CORPOTATE LAKES BLVD # 207 Address: Address: City-St-Zip: WESTON, FL 33326 US 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: LUIS A SIFONTES **MRGM** 04/18/2008