

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103823

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** DOMINGUEZ GARNES & ASSOCIATES, LLC

**Current Principal Place of Business:**

920 N.W. 132 AVE. WEST  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

920 N.W. 132 AVE. WEST  
MIAMI, FL 33182

**New Mailing Address:**

FEI Number: 20-5784972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOMINGUEZ, FABIOLA  
920 N.W. 132 AVE. WEST  
MIAMI, FL 33182 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: DOMINGUEZ, FABIOLA  
Address: 920 N.W. 132 AVE. WEST  
City-St-Zip: MIAMI, FL 33182

Title: MGRM ( ) Delete  
Name: VILLASANTE, JORGE L JR.  
Address: 920 N.W. 132 AVE. WEST  
City-St-Zip: MIAMI, FL 33182

**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: FABIOLA DOMINGUEZ

MRS

04/30/2009

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