

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105747

FILED
Mar 29, 2009
Secretary of State

Entity Name: LOS AMIGOS L.L.C.

Current Principal Place of Business:

6443 SW 40TH STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6443 SW 40TH STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRIEU, MANUEL A
3971 SW 8TH STREET
SUITE 205
MIAMI, FL 33134 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: MGR () Delete
Name: SUEIRA, MARIO
Address: 6443 SW 40TH STREET
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: LARRIEU, MANUEL A
Address: 3971 SW 8TH STREET, SUITE 205
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: NELSON RODRIGUEZ, PEDRO
Address: 10000 SW 56 STREET
City-St-Zip: MIAMI, FL 33101

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LARRIEU, MANUEL A MARIO S
Address: 3971 SW 8TH STREET, SUITE 205
City-St-Zip: MIAMI, FL 33134

Title: MGR (X) Change () Addition
Name: NELSON RODRIGUEZ, PEDRO M MARIO S
Address: 10000 SW 56 STREET
City-St-Zip: MIAMI, FL 33101

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: MARIO SUEIRAS

PRES

03/29/2009

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