

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000615

Entity Name: 430 SAN MARINO, LC

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

1413 N. VENETIAN WAY
MIAMI BEACH, FL 33119

New Principal Place of Business:

1413 N. VENETIAN WAY
MIAMI, FL 33119 US

Current Mailing Address:

P.O. BOX 190924
MIAMI BEACH, FL 33119

New Mailing Address:

P.O. BOX 190924
MIAMI BEACH, FL 33119 US

FEI Number: 20-8325586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, VIRGINIA
1413 N VENETIAN WAY
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

DOMINGUEZ, VIRGINIA
1413 N VENETIAN WAY
MIAMI, FL 33139 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:

02/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOMINGUEZ, LUIS
Address: 1413 N VENETIAN WAY
City-St-Zip: MIAMI, FL 33139

Title: MGRM () Delete
Name: DOMINGUEZ, VIRGINIA
Address: 1413 N VENETIAN WAY
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOMINGUEZ, LUIS
Address: 1413 N VENETIAN WAY
City-St-Zip: MIAMI, FL 33139 US

Title: MGRM (X) Change () Addition
Name: DOMINGUEZ, VIRGINIA
Address: 1413 N VENETIAN WAY
City-St-Zip: MIAMI, FL 33139 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: VIRGINIA DOMINGUEZ

MGRM

02/14/2009

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