

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011825

FILED
Apr 30, 2009
Secretary of State

Entity Name: MERC LLC.

Current Principal Place of Business:

692 W 29 ST #9
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

692 W 29 ST #9
HIALEAH, FL 33012

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:

ESCOBAR, MARITZA
10090 NW 80 CT APT 1320
HIALEAH, FL 33016 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: ESCOBAR, MARITZA
Address: 10090 NW 80 CT APT 1320
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: CHIRINO, RENE
Address: 10090 NW 80 CT APT 1320
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: CRUZ, MICHAEL
Address: 11036 SW 132 CT #3
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: ZORRILLA, VERNANCIO
Address: 290-174 ST NORTH
City-St-Zip: MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

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

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

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: MARITZA ESCOBAR

MGR

04/30/2009

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