2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L07000013070

Entity Name: TANTRIQUE, LLC

Current Principal Place of Business:

6304 HIATUS ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

4500 N HIATUS ROAD
SUNRISE, FL 33351 US

Current Mailing Address:

6304 HIATUS ROAD
TAMARAC, FL 33321 US

New Mailing Address:

4500 N HIATUS ROAD
SUNRISE, FL 33351 US

FEI Number: 20-8394493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POSADA, MARTHA
6304 HIATUS ROAD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

POSADA, MARTHA
4500 N HIATUS ROAD
SUNRISE, FL 33351 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: 03/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: POSADA, MARTHA
Address: 6304 HIATUS ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: MGR ( ) Delete
Name: OLMO, DAVID P SR
Address: 6304 HIATUS ROAD
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: POSADA, MARTHA
Address: 4500 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR (X) Change ( ) Addition
Name: OLMO, DAVID P SR
Address: 4500 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351 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: MARTHA POSADA MGR 03/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date