

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017346

**FILED**  
**Jan 17, 2009**  
**Secretary of State**

**Entity Name:** LOPEZ L.L.C.

**Current Principal Place of Business:**

565 NE OLIVE WAY  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

799 CRANDON BLVD #1502  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

565 NE OLIVE WAY  
BOCA RATON, FL 33432 US

**New Mailing Address:**

799 CRANDON BLVD #1502  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 20-8887559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, MIGUEL A  
565 NE OLIVE WAY  
BOCA RATON, FL 33432 US

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

LOPEZ, MIGUEL A  
799 CRANDON BLVD #1502  
KEY BISCAYNE, FL 33149 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: \_\_\_\_\_

01/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOPEZ, MIGUEL A  
Address: 565 NE OLIVE WAY  
City-St-Zip: BOCA RATON, FL 33432 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOPEZ, MIGUEL A  
Address: 799 CRANDON BLVD #1502  
City-St-Zip: KEY BISCAYNE, FL 33149 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: ML

MGRM

01/17/2009

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