

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020938

Entity Name: ARRIBAS INVESTMENTS, LLC

FILED  
Jun 16, 2009  
Secretary of State

**Current Principal Place of Business:**

8924 PALM TREE LANE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8924 PALM TREE LANE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 20-8589010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ARRIBAS, LYLIANA C  
8924 PALM TREE LANE  
PEMBROKE PINES, FL 33024      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ARRIBAS, JAIME  
Address: 8924 PALM TREE LANE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR      ( ) Delete  
Name: ARRIBAS, LYLIANA  
Address: 8924 PALM TREE LANE  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

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: LYLIANA C. ARRIBAS

MGR

06/16/2009

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