

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000028532

FILED
Jul 30, 2009
Secretary of State**Entity Name:** SAN REMO SERVICES, LLC**Current Principal Place of Business:**1540 VENERA AVENUE
CORAL GABLES, FL 33143**New Principal Place of Business:**1540 VENERA AVENUE
CORAL GABLES, FL 33146**Current Mailing Address:**1070 LUGO AVENUE
CORAL GABLES, FL 33156**New Mailing Address:**P.O. BOX 565430
MIAMI, FL 33256**FEI Number:** 20-8647796**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, E
1070 LUGO AVE
CORAL GABLES, FL 33156 US**Name and Address of New Registered Agent:**RODRIGUEZ, E
1540 VENERA AVE
CORAL GABLES, FL 33146 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: E. RODRIGUEZ

07/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, I
Address: 107 LUGO AVENUE
City-St-Zip: MIAMI, FL 33256

Title: MGRM () Delete
Name: RODRIGUEZ, E
Address: 107 LUGO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, I
Address: 1540 VENERA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, E
Address: 1540 VENERA AVE
City-St-Zip: CORAL GABLES, FL 33146

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: E RODRIGUEZ

MGRM

07/30/2009

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