

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030501

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: LA NOCHE SE MUEVE, L.L.C.

## Current Principal Place of Business:

1925 BRICKELL WILHELM  
7717  
MIAMI, FL 33129

## New Principal Place of Business:

50 MENORES AVENUE  
715  
CORAL GABLES, FL 33134

## Current Mailing Address:

1925 BRUVALEEL AVE  
7717  
MIAMI, FL 33129

## New Mailing Address:

50 MENORES AVENUE  
715  
CORAL GABLES, FL 33134

FEI Number: 13-4357421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, EDMUNDO  
50 MENORES AVE., APT 715  
CORAL GABLES, FL 33134 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: GARCIA, EDMUNDO  
Address: 50 MENORES AVE., APT 715  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete  
Name: WILLIAM, SILVIA  
Address: 1025 BRICKELL WILHELM  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, EDMUNDO  
Address: 50 MENORES AVE., APT 715  
City-St-Zip: CORAL GABLES, FL 33134

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: EDMUNDO GARCIA

MGRM

01/29/2009

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