

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031300

Entity Name: JAVAFIELD, LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

1810 NE 153RD ST
#1
NORTH MIAMI, FL 33162 US

New Principal Place of Business:

20402 NE 15TH CT
MIAMI, FL 33179 US

Current Mailing Address:

1810 NE 153RD ST
#1
NORTH MIAMI, FL 33162 US

New Mailing Address:

20402 NE 15TH CT
MIAMI, FL 33179 US

FEI Number: 68-0646841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTILLANO, CARLOS E
9110 W BAY HARBOR DR #8
NORTH MIAMI, FL 33154 US

Name and Address of New Registered Agent:

ANTILLANO, CARLOS E
1900 N BAYSHORE DR
1810
MIAMI, FL 33132 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: CARLOS E ANITLLANO

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTILLANO, CARLOS E
Address: 9110 W BAY HARBOR DR #8
City-St-Zip: NORTH MIAMI, FL 33154 US

Title: MGR (X) Delete
Name: VEGA, CARINA
Address: 2775 NE 187TH ST. UNIT621
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANTILLANO, CARLOS E
Address: 1900 N BAYSHORE DR #1810
City-St-Zip: MIAMI, FL 33132 US

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: CARLOS E ANTILLANO

VP

02/06/2009

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