

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033596

FILED
Mar 05, 2009
Secretary of State

Entity Name: LOS RIOS, LLC

Current Principal Place of Business:

2518 N.E. 2ND AVENUE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2518 N.E. 2ND AVENUE
MIAMI, FL 33137

New Mailing Address:

FEI Number: 37-1541238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARONA, CLAUDIA Y
LAW OFFICE OF CLAUDIA Y. BARONA
2525 N. 60TH AVENUE SUITE #220
HOLLYWOOD, FL 330213262 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: MGRM () Delete
Name: ZULETA, JUAN C
Address: 2518 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: ZULETA, OSCAR
Address: 2518 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: OROZCO, RAUL
Address: 11375 S.W. 95TH STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: OROZCO, RAUL
Address: 10345 S.W. 102ND COURT
City-St-Zip: MIAMI, FL 33176

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: RAUL E. OROZCO

MGRM

03/05/2009

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