

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 11, 2009
Secretary of State**

DOCUMENT# L07000034121

Entity Name: BUENAS OLAS, L.L.C.

Current Principal Place of Business:

4106 ORIOLE AVE.
PORT ORANGE, FL 321276612

New Principal Place of Business:

Current Mailing Address:

4106 ORIOLE AVE.
PORT ORANGE, FL 321276612

New Mailing Address:

FEI Number: 20-8962738 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:

LLOYD, ROBERT
4106 ORIOLE AVE.
PORT ORANGE, FL 321276612 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: MGRM () Delete
Name: LLOYD, ROBERT
Address: 4106 ORIOLE AVE.
City-St-Zip: PORT ORANGE, FL 321276612

Title: MGRM () Delete
Name: LLOYD, GINA
Address: 4106 ORIOLE AVE.
City-St-Zip: PORT ORANGE, FL 321276612

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: GINA LLOYD

MGMR

05/11/2009

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