

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000041039

FILED
Feb 09, 2009
Secretary of State

Entity Name: ELECTROMUNDO OF AMERICA, LLC

Current Principal Place of Business:

17100 N. BAY ROAD
#1111
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

400 LESLIE DR
APT 405
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

18851 NE 29 AVENUE
SUITE 706
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 33-1162003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GAMARRA & ASSOCIATES, LLC
18851 NE 29 AVENUE
SUITE 706
AVENTURA, FL 33180 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: AHARONI, ARIEL
Address: 17100 N. BAY ROAD #1111
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM () Delete
Name: WEITZMAN, DANIEL
Address: 17100 N. BAY ROAD #1111
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AHARONI, ARIEL
Address: 400 LESLIE DRIVE APT 405
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM (X) Change () Addition
Name: WEITZMAN, DANIEL
Address: 1000 PARKVIEW DRIVE APT 627
City-St-Zip: HALLANDALE BEACH, FL 33009 US

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: ARIEL AHARONI

MRGM

02/09/2009

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