

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047077

FILED
Jul 01, 2009
Secretary of State

Entity Name: CHOMAT & ASSOCIATES "LLC"

Current Principal Place of Business:

435 TIVOLI AVE
CORAL GABLES, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

435 TIVOLI AVE
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 35-2298205 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:

CHOMAT, ARMANDO R
435 TIVOLI AVE
CORAL GABLES, FL 33143 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: CHOMAT, ARMANDO R
Address: 435 TIVOLI AVE
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM () Delete
Name: CHOMAT, CRISTINA SR
Address: 435 TIVOLI AVE
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR () Delete
Name: CHOMAT, ROBERT A
Address: 435 TIVOLI AVE
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR () Delete
Name: CHOMAT, CRISTINA I
Address: 435 TIVOLI AVE
City-St-Zip: CORAL GABLES, FL 33143 US

ADDITIONS/CHANGES:

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

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

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: ARMANDO CHOMAT

PART

07/01/2009

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