

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048562

FILED
May 06, 2009
Secretary of State

Entity Name: SANTOS ESTRADA SR LLC

Current Principal Place of Business:

58 SIOUX CIRCLE
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

P.O. 460
GRETNA, FL 32332

New Mailing Address:

P.O. BOX 460
GRETNA, FL 32332

FEI Number: 20-8986051 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:

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333 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: PEREZ, CARLOS
Address: P.O. BOX 460
City-St-Zip: GRETNA, FL 32332

Title: MGRM () Delete
Name: FLORES, ANTONIO
Address: P.O. BOX 460
City-St-Zip: GRETNA, FL 32332

Title: MGRM () Delete
Name: CARRILLO, EFRAIN
Address: P.O. BOX 460
City-St-Zip: GRETNA, FL 32332

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: TEJADA, LIONEL
Address: P.O. BOX 460
City-St-Zip: GRETNA, FL 32332

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 PEREZ

MGRM

05/06/2009

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