2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# L07000054716

Entity Name: BUYERS OF AMERICA LLC

Current Principal Place of Business:

1875 N.W. 172ND TERRACE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69-4114
MIAMI, FL 332691114

New Mailing Address:

FEI Number: 22-3964638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LONGLEY, LANGSTON O MGR
1875 NW 172ND TER
MIAMI GARDENS, FL 33056 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: LANGSTON O. LONGLEY 06/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LONGLEY, LANGSTON O
Address: 1875 N.W. 172ND TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: MGR ( ) Delete
Name: LONGLEY, LULA M
Address: 1875 N.W. 172ND TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

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: LANGSTON O. LONGLEY MNGR 06/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date