

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056298

FILED  
Sep 03, 2009  
Secretary of State

Entity Name: REGUEZ1 LLC

**Current Principal Place of Business:**

217 N SEACREST BLVD #303  
BOYNTON BEACH, FL 334350303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 303  
BOYNTON BEACH, FL 334250303 3

**New Mailing Address:**

FEI Number: 75-3245447      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:**

RODRIGUEZ, JOSE  
217 N SEACREST BLVD #303  
BOYNTON BEACH, FL 334350303 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: MGR ( ) Delete  
Name: RODRIGUEZ, JOSE  
Address: PO BOX 303  
City-St-Zip: BOYNTON BEACH, FL 334350303

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, JOST  
Address: PO BOX 303  
City-St-Zip: BOYNTON BEACH, FL 334250303

**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: J. RODRIGUEZ

MGR

09/03/2009

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