

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059911

Entity Name: ALBAN & LLORENS LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

3449 NE 1ST AVE, L-35
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3449 NE 1ST AVE, L-35
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 26-0512197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLORENS, MARTIN
1111 BRICKELL AVENUE
11TH FLORR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LLORENS, MARTIN
3449 NE 1ST AVE, L-35
MIAMI, FL 33137 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: MARTIN LLORENS

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALBAN, GABRIELA
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: LLORENS, MARTIN
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALBAN, GABRIELA
Address: 3449 NE 1ST AVE, L-35
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM (X) Change () Addition
Name: LLORENS, MARTIN
Address: 3449 NE 1ST AVE, L-35
City-St-Zip: MIAMI, FL 33137 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: MARTIN LLORENS

MGRM

01/21/2009

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