

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072512

FILED  
Sep 12, 2008  
Secretary of State

Entity Name: ESPE LLC

## Current Principal Place of Business:

531 NW 205 AVE  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

1024 NW 124TH TERRACE  
103  
SUNRISE, FL 33323

## Current Mailing Address:

531 NW 205 AVE  
PEMBROKE PINES, FL 33029

## New Mailing Address:

1024 NW 124TH TERRACE  
103  
SUNRISE, FL 33323

FEI Number: 26-0517184      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:

ORELLANA, FLOR  
531 NW 205 AVE  
PEMBROKE PINES, FL 33029      US

## Name and Address of New Registered Agent:

ORELLANA, FLOR  
1024 NW 124TH TERRACE  
103  
SUNRISE, FL 33323      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: FLOR ORELLANA

09/12/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ORELLANA, FLOR  
Address: 531 NW 205 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: ORELLANA, FLOR  
Address: 1024 NW 124TH TERRACE  
City-St-Zip: SUNRISE, FL 33323

Title: MGR      ( ) Change      (X) Addition  
Name: TOBAR, CARLA  
Address: 9215 SW 78 CT  
City-St-Zip: MIAMI, FL 33156

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: FLOR ORELLANA

MGR

09/12/2008

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