

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074357

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: TORNADO LLC

**Current Principal Place of Business:**

2601 SOUTH BAYSHORE DRIVE  
SUITE 1110  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH BAYSHORE DRIVE  
SUITE 1110  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 30-0432608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOORE & COMPANY SECRETARIES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 1100  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

MOLINA, LUIS A  
26010 S. BAYSHORE DR.  
SUITE 1110  
MIAMI, FL 33134 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: LUIS MOLINA

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERREBI, DANIEL  
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 1110  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: ZIBI, JACQUY  
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 1110  
City-St-Zip: MIAMI, FL 33133

**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: DANIEL BERREBI

MGRM

03/19/2009

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