## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000078011

Entity Name: TUNYO ENTERPRISES, LLC

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE# 238	DERAL HWY. 3 ALE BEACH, FL	33009				
Current Mailing Address:			New Maili	New Mailing Address:		
P. O. BOX 50774 SARASOTA, FL 34232				P.O. BOX 50774 SARASOTA, FL 34232		
FEI Number:	22-3967027	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
SUITE# 238	DERAL HWY.	33009 US				
The above in the State		bmits this statement for the pu	pose of changing it	ts registere	ed office or registered agent, or both	
SIGNATUR	E:					
Electronic Signature of Registered Agent			t	Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	PD () D TOROKNE-ULLM 1001 N. FEDERA HALLANDALE BE	ANN, TUNDE L HWY., SUITE# 238	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TOROK, ANTAL	elete L HWY., SUITE# 238 ACH., FL 33009	Title: Name: Address: City-St-Zip:		(X) Change()Addition ITAL DERAL HWY., SUITE# 238 LE BEACH,, FL 33009	
Title: Name: Address: City-St-Zip:	TOROKNE-ULLM	L HWY., SUITE# 238	Title: Name: Address: City-St-Zip:		(X) Change () Addition MAS DERAL HWY., SUITE# 238 ALE BEACH, FL 33009	
		EACH, FL 33009	2.1.7 2.1 -1.12.			
Title: Name: Address: City-St-Zip:	SD () D TOROK, TAMAS	elete L HWY., SUITE# 238	Title: Name: Address: City-St-Zip:		(X) Change()Addition ANIELLA DERAL HWY., SUITE# 238 LE BEACH, FL 33009	

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.

Name:

Address:

City-St-Zip:

1001 N. FEDERAL HWY., SUITE# 238

HALLANDALE BEACH, FL 33009

TOROK, VIKTORIA

SIGNATURE: TUNDE TOROKNE-ULLMANN 04/30/2009