

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083029

FILED
Jan 24, 2009
Secretary of State

Entity Name: LOPEZ & MOYA INVESTMENT GROUP, LLC

Current Principal Place of Business:

6636 NW 176TH TERRACE
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

6636 NW 176TH TERRACE
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 26-0704615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYA, DAVID E
2720 NW 99TH STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

GONZALEZ DE LOPEZ, PATRICIA
6636 NW 176TH TERRACE
HIALEAH, FL 33015 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: GONZALEZ DE LOPEZ, PATRICIA

01/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, SAMUEL A
Address: 6636 NW 176TH STREET
City-St-Zip: HIALEAH, FL 33015

Title: MGRM () Delete
Name: MOYA, DAVID E
Address: 2720 NW 99TH STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ DE LOPEZ, PATRICIA
Address: 6636 NW 176TH TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: MGRM (X) Change () Addition
Name: LOPEZ, SAMUEL A
Address: 6636 NW 176TH TERRACE
City-St-Zip: HIALEAH, FL 33015

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: GONZALEZ DE LOPEZ, PATRICIA

MGR

01/24/2009

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