

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085929

FILED
Apr 24, 2009
Secretary of State

Entity Name: C3RTM GROUP LLC

Current Principal Place of Business:

12933 IXORA CIRCLE
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

6101 BLUE LAGOON DR
150
MIAMI, FL 33126

Current Mailing Address:

12933 IXORA CIRCLE
NORTH MIAMI BEACH, FL 33181

New Mailing Address:

6101 BLUE LAGOON DR
150
MIAMI, FL 33126

FEI Number: 65-1317516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDGEWATER P.L.
9100 S. DADELAND BLVD., SUITE 1500
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

ACEVEDO & ASSOCIATES LLP
6101 BLUE LAGOON DR
150
MIAMI, FL 33126 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: ALVARO ACEVEDO

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUTTON, KATHERINE
Address: 12933 IXORA CIRCLE
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM (X) Delete
Name: GALLARDO, PABLO
Address: 6101 BLUE LAGOON DRIVE, SUITE 150
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALLARDO, PABLO
Address: 6101 BLUE LAGOON DRIVE, SUITE 150
City-St-Zip: MIAMI, FL 33126

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: PABLO GALLARDO

MGRM

04/24/2009

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