2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L07000089570

Entity Name: MEGAVAL VALORES, LLC

Current Principal Place of Business:

8534 NW 93RD ST.
MEDLEY, FL 33166

New Principal Place of Business:

8534 N.W. 93RD ST
MEDLEY, FL 33166 US

Current Mailing Address:

8534 NW 93RD ST.
MEDLEY, FL 33166

New Mailing Address:

8534 N.W. 93RD ST
MEDLEY, FL 33166 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ECHEVERRIA, LIONEL
Address: 5301 N. FEDERAL HWY SUITE 380
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete
Name: KNOTSCHKE, HENRIQUE
Address: 5301 N. FEDERAL HWY SUITE 380
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete
Name: VERA, ANDRES
Address: 5301 N. FEDERAL HWY SUITE 380
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: ECHEVERRIA, LIONEL
Address: 21474 ST. ANDREWS GRAND UNIT 13
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change ( ) Addition
Name: KNOTSCHKE, HENRIQUE
Address: 8534 N.W. 93 ST
City-St-Zip: MEDLEY, FL 33166

Title: D (X) Change ( ) Addition
Name: VERA, ANDRES
Address: 8534 N.W. 93 ST
City-St-Zip: MEDLEY, FL 33166

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: LIONEL R. ECHEVERRIA MGRM 04/01/2009

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