

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093624

FILED
Apr 26, 2009
Secretary of State

Entity Name: MISTER CHILE, LLC

Current Principal Place of Business:

26455 OLD 41 ROAD
UNIT 1
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

26455 OLD 41 ROAD
UNIT 1
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 26-0893001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMEZ, MARIA R MGRM
24543 MOUNTAIN VIEW DRIVE
BONITA SPRINGS, FL 34135 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: GAMEZ, MARIA
Address: P.O. BOX 1562
City-St-Zip: BONITA SPRINGS, FL 34133

Title: M () Delete
Name: GAMEZ, PABLO
Address: P.O. BOX 1562
City-St-Zip: BONITA SPRINGS, FL 34133

Title: M () Delete
Name: GAMEZ, JUAN PABLO
Address: 24385 COCK ROBIN LN.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: M () Delete
Name: GAMEZ, VERONICA
Address: 24385 COCK ROBIN LN
City-St-Zip: BONITA SPRINGS, FL 34135

Title: M () Delete
Name: GAMEZ, ROSALINDA
Address: P.O. BOX 1562
City-St-Zip: BONITA SPRINGS, FL 34133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GAMEZ, PABLO
Address: P.O. BOX 1562
City-St-Zip: BONITA SPRINGS, FL 34133

Title: MGR (X) Change () Addition
Name: GAMEZ, JUAN PABLO
Address: 24385 COCK ROBIN LN.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR (X) Change () Addition
Name: GAMEZ, VERONICA
Address: 24385 COCK ROBIN LN
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR (X) Change () Addition
Name: GAMEZ, ROSALINDA
Address: P.O. BOX 1562
City-St-Zip: BONITA SPRINGS, FL 34133

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: ROSALINDA GAMEZ

MGR

04/26/2009

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