

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105399

FILED
Jul 08, 2008
Secretary of State

Entity Name: ANDES TRADE IMPORTS, LLC

Current Principal Place of Business:

8570 EGRET LAKES LANE
WEST PALM BEACH, FL 33432 US

New Principal Place of Business:

8570 EGRET LAKES LANE
WEST PALM BEACH, FL 33412 US

Current Mailing Address:

8570 EGRET LAKES LANE
WEST PALM BEACH, FL 33432 US

New Mailing Address:

8570 EGRET LAKES LANE
WEST PALM BEACH, FL 33412 US

FEI Number: 06-1827189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VESEY, CAROLYN H
8570 EGRET LAKES LANE
WEST PALM BEACH, FL 33432 US

Name and Address of New Registered Agent:

VESEY, CAROLYN H
8570 EGRET LAKES LANE
WEST PALM BEACH, FL 33412 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: _____

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VESEY, CAROLYN H
Address: 8570 EGRET LAKES LANE
City-St-Zip: WEST PALM BEACH, FL 33432 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VESEY, CAROLYN H
Address: 8570 EGRET LAKES LANE
City-St-Zip: WEST PALM BEACH, FL 33412 US

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: CAROLYN H. VESEY

PRES

07/08/2008

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