

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106246

Entity Name: MIVEN AMERICA, LLC

FILED
May 18, 2009
Secretary of State

Current Principal Place of Business:

8406 NW 66 ST
MIAMI, FL 33166

New Principal Place of Business:

11184 NW 73RD STREET
DORAL, FL 33178

Current Mailing Address:

8406 NW 66 ST
MIAMI, FL 33166

New Mailing Address:

11184 NW 73RD STREET
DORAL, FL 33178

FEI Number: 26-1366640 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:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH ST, STE C201
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH ST, STE C201
DORAL, FL 33172 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: JOSEPH F. CABANAS

05/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VENTRESCA, ROBERT B
Address: 8406 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: MICELLI, CARLOS A.
Address: 8406 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Delete
Name: ARIAS, MARIA P.
Address: 8406 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Delete
Name: CAPPUCCIO, ANA E
Address: 8406 NW 66 ST
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MICELLI, CARLOS A
Address: 11184 NW 73RD STREET
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Change () Addition
Name: ARIAS, MARIA P.
Address: 11184 NW 73RD STREET
City-St-Zip: DORAL, FL 33178

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

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: CARLOS A. MICELLI

MGR

05/18/2009

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