

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107719

Entity Name: CIRANGEL 2, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

8271 LA RAMPA ST
CORAL GABLES, FL 33143 US

New Principal Place of Business:

4995 NW 72 AVENUE
SUITE 205
MIAMI, FL 33166 US

Current Mailing Address:

8271 LA RAMPA ST
CORAL GABLES, FL 33143 US

New Mailing Address:

4995 NW 72 AVENUE
SUITE 205
MIAMI, FL 33166 US

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

Name and Address of Current Registered Agent:

AL ABDALLAH, MANUEL N SR.
8271 LA RAMPA ST
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

AL ABDALLAH, MANUEL N SR.
4995 NW 72 AVENUE
SUITE 205
MIAMI, FL 33166 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: MANUEL AL ABDALLAH

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AL ABDALLAH, MANUEL N SR.
Address: 8271 LA RAMPA ST
City-St-Zip: CORAL GABLES, FL 33143

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AL ABDALLAH, MANUEL N SR.
Address: 4995 NW 72 AVENUE SUITE 205
City-St-Zip: MIAMI, FL 33166

Title: MGR () Change (X) Addition
Name: FARIAS, CANDELARIA D
Address: 4995 NW 72 AV. SUITE 205
City-St-Zip: MIAMI, 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: MANUEL AL ABDALLAH

MGR

04/23/2009

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