2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L07000112422

Entity Name: MESALINDA, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-1371928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: VIVES, MAURICIO
Address: 18839 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: O'HARA CORPORATION
Address: 2121 PONCE DE LEON BLVD STE 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition
Name: KORIOL LAND INC.
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134

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: MAURICIO VIVES P 04/13/2009

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