

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113488

FILED
Apr 23, 2009
Secretary of State

Entity Name: QUITAYPON CONSTRUCTION L.L.C.

Current Principal Place of Business:

3061 SW 192 AVE
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

3061 SW 192 AVE
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 26-1413643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTERO, ANIBAL
7900 RED ROAD, SUITE 23
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

OTERO, ANIBAL
3061 SW 192 AVE
MIRAMAR, FL 33029 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OTERO, ANIBAL
Address: 7900 RED ROAD, SUITE 23
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: LORIE, JESUS
Address: 132 NW 162 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: RODRIGUEZ, JESUS R
Address: 5251 SW 4TH ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OTERO, ANIBAL
Address: 3061 SW 192 AVE
City-St-Zip: MIRAMAR, FL 33029

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: ANIBAL OTERO

MGRM

04/23/2009

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