2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113826

Entity Name: PUJOLS & PUJOLS LLC

Address:

City-St-Zip:

FORT MYERS, FL 33916

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3625 PALM BEACH BLVD FORT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 3625 PALM BEACH BLVD FORT MYERS, FL 33916 FEI Number: 26-1391073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PUJOLS, JOAQUIN 3625 PALM BEACH BLVD FORT MYERS, FL 33916 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PUJOLS, JOAQUIN Name: Name: Address: 3625 PALM BEACH BLVD Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PUJOLS, JOAQUIN JR Name: Address: FORT MYERS Address: FORT MYERS, FL 33916 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBINSON, PUJOLS Name: Name: 3625 PALM BEACH BLVD

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.

Address:

City-St-Zip:

SIGNATURE: JOAQUIN PUJOLS **MGRM** 03/24/2009