## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000115247

Entity Name: HILDA LIGORRIA, LLC

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1501 SW 16TH STREET 1086 ROBLE WAY

BOYNTON BEACH, FL 33426 US PALM BEACH GARDENS, FL 33410 US

Current Mailing Address: New Mailing Address:

1501 SW 16TH STREET 1086 ROBLE WAY

BOYNTON BEACH, FL 33426 US PALM BEACH GARDENS, FL 33410 US

FEI Number: 26-1400188 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: Name and Address of New Registered Agent:

SIMONS, HILDA
1501 SW 16TH STREET
SIMONS, HILDA
1086 ROBLE WAY

BOYNTON BEACH, FL 33426 US PALM BEACH GARDENS, FL 33410 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: 07/09/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

itle: MGRM () Delete

Name: SIMONS, HILDA Address: 1501 SW 16TH STREET

City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGRM () Delete
Name: CHUN, CLAUDINA
Address: 1086 ROBLE WAY

City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM ( ) Delete Name: GONZALEZ, BERTO

Address: 14213 SW 94 CIRCLE/NORTH #104-8

City-St-Zip: MIAMI, FL 33186 US

Title: MGRM (X) Delete
Name: BONET, MOISES JR

Address: 13000 SW 47TH TERRACE City-St-Zip: MIAMI, FL 33175 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: SIMONS, HILDA L Address: 1086 ROBLE WAY

City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM (X) Change ( ) Addition

Name: CHUN, CLAUDINA M Address: 1086 ROBLE WAY

City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM (X) Change ( ) Addition

 Name:
 BONET, MOISES JR.

 Address:
 13000 SW 47TH TERRACE

 City-St-Zip:
 MIAMI, FL 33175 US

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: CLAUDINA M CHUN MGRM 07/09/2008