

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115345

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CHALEKO POST, LLC

**Current Principal Place of Business:**

180 NE 39 ST  
SUITE 220  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

180 NE 39 ST  
SUITE 220  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 26-1429021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLEMEN, LUIS  
1643 BRICKELL AVE., APT. 2105  
MIAMI, FL 33129 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: MGRM ( ) Delete  
Name: KELLEMEN, LUIS  
Address: 1643 BRICKELL AVE., APT. 2105  
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete  
Name: VELOSO, SALVADOR  
Address: 5050 N.E. 5TH AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: VEGA, MARCO  
Address: 3080 MARY ST.  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: MOGELOS, MARCELO  
Address: 1643 BRICKELL AVE., APT. 2105  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SALVADOR VELOSO

MGRM

01/12/2009

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