

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115903

Entity Name: MI NUMERO LOCAL LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

3403 NW 82 AVE  
103  
DORAL, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

3403 NW 82 AVE  
103  
DORAL, FL 33122 US

**New Mailing Address:**

FEI Number: 37-1555582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

OLIVA, JUAN  
201 TO TO LO CHEE DRIVE  
HIALEAH, FL 33010 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: VARGAS, JACKIE  
Address: 16051 BLATT BLVD #107  
City-St-Zip: WESTON, FL 33326 US

Title: MGR ( ) Delete  
Name: BRACHO, HUGO A  
Address: 5625 NW 109 AVE  
City-St-Zip: DORAL, FL 33178 US

Title: MGR ( ) Delete  
Name: FUNDORA, ROSA A  
Address: 201 TO TO LO CHEE DR  
City-St-Zip: HIALEAH, FL 33010 US

**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:

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: JUAN OLIVA

PD

03/20/2009

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