

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000115903

Entity Name: MI NUMERO LOCAL LLC

FILED
Jun 22, 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 ()

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:**OLIVA, JUAN C
201 TO TO LO CHEE DRIVE
HIALEAH, FL 33010 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: JUAN OLIVA

06/22/2009

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 USTitle: MGR () Delete
Name: BRACHO, HUGO A
Address: 5625 NW 109 AVE
City-St-Zip: DORAL, FL 33178 USTitle: MGR (X) Delete
Name: FUNDORA, ROSA A
Address: 201 TO TO LO CHEE DR
City-St-Zip: HIALEAH, FL 33010 US**ADDITIONS/CHANGES:**Title: PD (X) Change () Addition
Name: OLIVA, JUAN C PD
Address: 201 TO TO LO CHEE DR
City-St-Zip: HIALEAH, FL 33010Title: VP (X) Change () Addition
Name: FUNDORA, ROSA A VP
Address: 201 TO TO LO CHEE DR
City-St-Zip: HIALEAH, FL 33010Title: () 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 C OLIVA

PD

06/22/2009

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