

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121287

Entity Name: NAQUI L.L.C.

FILED
May 03, 2009
Secretary of State

Current Principal Place of Business:

219 W 103RD AVE
TAMPA, FL 33612

New Principal Place of Business:

2110 W HERMAN ST
TAMPA, FL 33612

Current Mailing Address:

219 W 103RD AVE
TAMPA, FL 33612

New Mailing Address:

2110 W HERMAN ST
TAMPA, FL 33612

FEI Number: 33-1193297 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:

AGUILERA, ARMANDO
219 W 103RD AVE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

AGUILERA, ARMANDO
2110 W HERMAN ST
TAMPA, FL 33612 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: ARMANDO AGUILERA

05/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AGUILERA, ARMANDO
Address: 219 W 103RD AVE
City-St-Zip: TAMPA,, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AGUILERA, ARMANDO
Address: 2110 W HERMAN ST
City-St-Zip: TAMPA,, FL 33612

Title: MGRM () Change (X) Addition
Name: GRAVERAN, NOEL
Address: 2110 W HERMAN ST
City-St-Zip: TAMPA, FL 33612

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: ARMANDO AGUILERA

MGR

05/03/2009

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