

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121936

Entity Name: EXCECORE, L.L.C.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2335 NW 107 AVE
2M36
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2335 NW 107 AVE
2M36, BOX 44
DORAL, FL 33172

New Mailing Address:

FEI Number: 26-1540736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ
2875 N.E. 101ST STREET, STE 801
AVENTURA, FL 33180 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: DECASTELLI, EVA B
Address: 5181 NW 105 CT
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: DECASTELLI, DANIEL O
Address: 5181 NW 105 CT
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: SERGIO, GALINDO
Address: 2335 NW 107 AVE, BOX 44
City-St-Zip: DORAL, FL 33172

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: EVA DECASTELLI

MGRM

04/30/2009

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