

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124593

FILED
Mar 17, 2009
Secretary of State

Entity Name: VILLA-DIEZ ENTERPRISES, LLC.

Current Principal Place of Business:

621 LENOX AVENUE
103
MIAMI BEACH, FL 33139

Current Mailing Address:

621 LENOX AVENUE
103
MIAMI BEACH, FL 33139

New Principal Place of Business:

635 LENOX AVENUE
4
MIAMI BEACH, FL 33139

New Mailing Address:

635 LENOX AVENUE
4
MIAMI BEACH, FL 33139

FEI Number: 26-1585603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANGO, AURA
621 LENOX AVENUE
103
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ARANGO, AURA
635 LENOX AVENUE
4
MIAMI BEACH, FL 33139 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: AURA ARANGO

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VILLA, JOSE J
Address: 621 LENOX AVENUE UNIT 103
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Delete
Name: DIEZ, NANCY A
Address: 621 LENOX AVENUE UNIT 103
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARANGO, AURA
Address: 635 LENOX AVENUE UNIT 4
City-St-Zip: MIAMI BEACH, FL 33139

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: AURA ARANGO

MGRM

03/17/2009

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