

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000001190

FILED
Jun 28, 2009
Secretary of State**Entity Name:** PINO-SALDARREAGA LLC**Current Principal Place of Business:**6816 N CLEARVIEW AVE.
TAMPA, FL 33614**New Principal Place of Business:****Current Mailing Address:**6816 N CLEARVIEW AVE.
TAMPA, FL 33614**New Mailing Address:****FEI Number:** 26-1670376**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PINO-SANTOS, ALBERTO
6816 N. CLEARVIEW AVE.
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**PINO, CRISTINA
6816 N. CLEARVIEW AVE.
TAMPA, FL 33614 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: CRISTINA PINO

06/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: PINO-SANTOS, ALBERTO
Address: 6816 N. CLEARVIEW AVE.
City-St-Zip: TAMPA, FL 33614**Title:** MGRM () Delete
Name: PINO, CRISTINA E
Address: 6816 N. CLEARVIEW AVE.
City-St-Zip: TAMPA, FL 33614**ADDITIONS/CHANGES:****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: CRISTINA PINO

MGRM

06/28/2009

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