

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005612

Entity Name: LOS REMEDIOS LLC

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

3907 NORTH BLVD.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

3907 NORTH BLVD.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 26-1770910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDUFFEE, BETSY H
3907 NORTH BLVD.
TAMPA, FL 33603 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: MGR () Delete
Name: MCDUFFEE, BETSY H
Address: 3907 NORTH BLVD.
City-St-Zip: TAMPA, FL 33603

Title: MGR () Delete
Name: MCDUFFEE, MATTHEW D
Address: 3907 NORTH BLVD.
City-St-Zip: TAMPA, FL 33603

Title: MGR () Delete
Name: SIGMUND, MICHELLE
Address: 3907 NORTH BLVD.
City-St-Zip: TAMPA, FL 33603

Title: MGR () Delete
Name: SIGMUND, WILLIAM III
Address: 3907 NORTH BLVD.
City-St-Zip: TAMPA, FL 33603

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:

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: BETSY H. MCDUFFEE

RA

03/29/2009

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