

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011116

FILED  
Aug 10, 2009  
Secretary of State

Entity Name: PFRR 1345, LLC

**Current Principal Place of Business:**

701 S.W. 27TH AVE., SUITE 606  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

701 S.W. 27TH AVE., SUITE 606  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      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:**

FLOREZ, PEDRO  
701 S.W. 27TH AVE., SUITE 606  
MIAMI, FL 33135 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: FLOREZ GUTIERREZ, PEDRO  
Address: 701 S.W. 27TH AVE., SUITE 606  
City-St-Zip: MIAMI, FL 33135

Title: MGRM ( ) Delete  
Name: DIAZ DE FLOREZ, JOSEFINA  
Address: 701 S.W. 27TH AVE., SUITE 606  
City-St-Zip: MIAMI, FL 33135

**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: PEDRO FLOREZ GUTIERREZ

MGRM

08/10/2009

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