

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014755

Entity Name: MICHEL ALFONSO, LLC

FILED
May 13, 2009
Secretary of State

Current Principal Place of Business:

6300 JEFFERSON ST
HOLLYWOOD, FL 33023

New Principal Place of Business:

6190 SW 56 CT
DAVIE, FL 33314

Current Mailing Address:

6300 JEFFERSON ST
HOLLYWOOD, FL 33023

New Mailing Address:

6190 SW 56 CT
DAVIE, FL 33314

FEI Number: 26-1922525 FEI Number Applied For () 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:

ALFONSO, MARIA A
6300 JEFFERSON ST
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

ALFONSO, MARIA A
6190 SW 56 CT
DAVIE, FL 33314 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: MARIA A ALFONSO

05/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALFONSO, MARIA A
Address: 6300 JEFFERSON STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALFONSO, MARIA A
Address: 6190 SW 56 CT
City-St-Zip: DAVIE, FL 33314

Title: MGR () Change (X) Addition
Name: ALFONSO, MICHEL
Address: 6190 SW 56 CT
City-St-Zip: DAVIE, FL 33314

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: MARIA A ALFONSO

MGR

05/13/2009

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