

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018917

FILED  
Aug 11, 2009  
Secretary of State

Entity Name: TOBERAL, LLC

## Current Principal Place of Business:

1501 SUNSET DRIVE  
SECOND FLOOR  
CORAL GABLES, FL 33143

## New Principal Place of Business:

1110 BRICKELL AVENUE  
310  
MIAMI, FL 33131

## Current Mailing Address:

1501 SUNSET DRIVE  
SECOND FLOOR  
CORAL GABLES, FL 33143 US

## New Mailing Address:

1110 BRICKELL AVENUE  
310  
MIAMI, FL 33131

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

REY, JOSE L  
1501 SUNSET DRIVE  
SECOND FLOOR  
CORAL GABLES, FL 33143 US

## Name and Address of New Registered Agent:

SERVICES INC., NS CORPORATE  
1110 BRICKELL AVENUE  
SUITE 310  
MIAMI, FL 33131 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: NS CORPORATE SERVICES INC.

08/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VOGELER OLAVARRIA, ALBERTO  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: VALERY, MARIA LUISA E  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: VOGELER VALERY, ALBERTO  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: VOGELER VALERY, MARIA ISABEL  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: VOGELER VALERY, MARIA INES  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

## 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:

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: VOGELER

MGR

08/11/2009

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