2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# L08000028253

Entity Name: ANDEAN FREEZE, LLC

Current Principal Place of Business:

710 STANTON DR
WESTON, FL 33326

New Principal Place of Business:

687 LIVE OAK LN
WESTON, FL 33327

Current Mailing Address:

710 STANTON DR
WESTON, FL 33326

New Mailing Address:

687 LIVE OAK LN
WESTON, FL 33327

FEI Number: 74-3257026 **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:

SEPULVEDA, XIMENA
710 STANTON DR
WESTON, FL 33326 US

Name and Address of New Registered Agent:

DEPASSIER, JORGE A MGR
687 LIVE OAK LN
WESTON, FL 33327 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: JORGE DEPASSIER 06/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SEPULVEDA, XIMENA
Address: 710 STANTON DR
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Delete
Name: DEPASSIER, JORGE ANDRES
Address: 710 STANTON DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DEPASSIER, JORGE A
Address: 687 LIVE OAK LN
City-St-Zip: WESTON, FL 33327

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: JORGE DEPASSIER MGR 06/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date