

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028905

FILED
Apr 15, 2009
Secretary of State

Entity Name: M&A EQUITY INVESTMENTS I, LLC

Current Principal Place of Business:

15298 NW 66 CT CIR
HIALEAH, FL 33015 US

New Principal Place of Business:

17823 NW 66 CT CIR
HIALEAH, FL 33015 US

Current Mailing Address:

15298 NW 66 CT CIR
HIALEAH, FL 33015 US

New Mailing Address:

17823 NW 66 CT CIR
HIALEAH, FL 33015 US

FEI Number: 26-2229621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, MIGUEL
15298 NW 66 CT CIR
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

SUAREZ, MIGUEL
17823 NW 66 CT CIR
HIALEAH, FL 33015 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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUAREZ, MIGUEL
Address: 15298 NW 66 CT CIR
City-St-Zip: HIALEAH, FL 33015 US

Title: MGRM () Delete
Name: SUAREZ, ANGELA
Address: 15298 NW 66 CT CIR
City-St-Zip: HIALEAH, FL 33015 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUAREZ, MIGUEL
Address: 17823 NW 66 CT CIR
City-St-Zip: HIALEAH, FL 33015 US

Title: MGRM (X) Change () Addition
Name: SUAREZ, ANGELA
Address: 17823 NW 66 CT CIR
City-St-Zip: HIALEAH, FL 33015 US

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: MIGUEL SUAREZ

MGRM

04/15/2009

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