

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030653

Entity Name: ORWEX, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

825 BRICKELL BAY DRIVE  
TOWER III, SUITE 1650  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 453200  
MIAMI, FL 33245

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PATINO, GLADYS  
825 BRICKELL BAY DRIVE  
TOWER III, SUITE 1650  
MIAMI, FL 33131 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: PATINO, GLADYS  
Address: 825 BRICKELL BAY DRIVE  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: TAMAYO, MARIA DEL C  
Address: 825 BRICKELL BAY DRIVE  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATINO, GLADYS  
Address: 825 BRICKELL BAY DRIVE TWR III -STE 1650  
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change ( ) Addition  
Name: TAMAYO, MARIA DEL C  
Address: 825 BRICKELL BAY DRIVE TWR III - STE 1650  
City-St-Zip: MIAMI, FL 33131

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: GLADYS PATINO

MGRM

04/29/2009

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