

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030959

FILED
Mar 19, 2009
Secretary of State

Entity Name: OKORSKI ART DESIGN LLC

Current Principal Place of Business:

10730 NW 24 AVE
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

10730 NW 24 AVE
MIAMI, FL 33167

New Mailing Address:

FEI Number: 26-2278348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL MATTO, CARLOS A
10730 NW 24 AV
MIAMI, FL 33167 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: DEL MATTO, CARLOS A P
Address: 10730 NW 24 AVE
City-St-Zip: MIAMI, FL 33167

Title: T () Change (X) Addition
Name: PAJARES, ENRIQUE M T
Address: 10730 NW 24 AVE
City-St-Zip: MIAMI, FL 33167

Title: VP () Change (X) Addition
Name: DEL MATTO, MARCELA C VP
Address: 10730 NW 24 AVE
City-St-Zip: MIAMI, FL 33167

Title: S () Change (X) Addition
Name: SEGOVIA, MELINA C S
Address: 10730 NW 24AVE
City-St-Zip: MIAMI, FL 33167

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: CARLOS ALBERTO DEL MATTO

P

03/19/2009

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