## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000031603

Entity Name: EL PASAPOGA, LLC

FILED Apr 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15723 S.W. 72 STREET 15725 S.W. 72 STREET MIAMI, FL 33193

SUITE 184 MIAMI, FL 33193

**Current Mailing Address: New Mailing Address:** 

15333 S.W. 58 STREET 15725 S.W. 72 STREET MIAMI, FL 33193 SUITE 184

MIAMI, FL 33193

FEI Number: 26-2399028 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SARDINAS, YOLANDA 6879 S.W, 89 TERR

PINECREST, FL 33156 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

SARDINAS, IGNACIO Name: Name: Address: 15333 S.W, 58 ST Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: SARDINAS, ALEX Name: Address: 15333 S.W. 58 ST Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

SARDINAS, ENRIQUE Name: Name: Address: 15333 S.W. 58 ST Address: City-St-Zip: MIAMI, FL 33193 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: IGNACIO SARDINAS 04/02/2009