

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042030

Entity Name: L.A. MIAMI VENTURES, LLC

FILED
Sep 15, 2009
Secretary of State

Current Principal Place of Business:

330 SW 31 RD
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

330 SW 31 RD
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 26-2480158 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:

SANCHEZ, LESLIE
330 SW 31 RD
MIAMI, FL 33129 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: MGR () Delete
Name: SANCHEZ, LESLIE
Address: 330 SW 31 RD
City-St-Zip: MIAMI, FL 33129 US

Title: MGR () Delete
Name: SANCHEZ, ADRIAN
Address: 330 SW 31 RD
City-St-Zip: MIAMI, FL 33129 US

Title: MGR () Delete
Name: SANCHEZ, ALFREDO
Address: 325 SOUTH BISCAYNE BOULDEVAR, UNIT 3016
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADRIAN SANCHEZ

MR

09/15/2009

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