

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043647

FILED
Apr 27, 2009
Secretary of State

Entity Name: CIENFUEGOS GROUP, LLC.

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD.
SUITE 207-3
WESTON, FL 33326

New Principal Place of Business:

1746 SYCAMORE TERRACE
WESTON, FL 33327

Current Mailing Address:

1820 N CORPORATE LAKES BLVD.
SUITE 207-3
WESTON, FL 33326

New Mailing Address:

1746 SYCAMORE TERRACE
WESTON, FL 33327

FEI Number: 80-0180101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIENFUEGOS, ARTURO C
1746 SYCAMORE TERRACE
WESTON, FL 33327 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: CIENFUEGOS, ARTURO C
Address: 1820 N CORPORATE LAKES BLVD #207-3
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: CIENFUEGOS, MARIA
Address: 1820 N CORPORATE LAKES BLVD #207-3
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CIENFUEGOS, ARTURO C
Address: 1746 SYCAMORE TERRACE
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: CIENFUEGOS, MARIA
Address: 1746 SYCAMORE TERRACE
City-St-Zip: WESTON, FL 33327

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: AC

MGMR

04/27/2009

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