

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044419

FILED
May 22, 2009
Secretary of State

Entity Name: CENTRO DE SERVICIOS LATINO, LLC

Current Principal Place of Business:

4288 US HWY. 92 W., STE. 5
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

4288 US HWY. 92 W., STE. 5
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 36-4631829 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:

Name and Address of New Registered Agent:

BARILLAS, DORA E
2001 SPOONER DR
PLANT CITY, FL 335631421 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:

Title: MGR () Delete
Name: BARILLAS, DORA E
Address: 2001 SPOONER DR
City-St-Zip: PLANT CITY, FL 335631421

Title: MGRM () Delete
Name: BARILLAS, DOUGLAS
Address: 2001 SPOONER DR
City-St-Zip: PLANT CITY, FL 335631421

ADDITIONS/CHANGES:

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: DORA E BARILLAS

MGR

05/22/2009

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