

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044530

FILED
Feb 25, 2009
Secretary of State

Entity Name: ENERGY ASSOCIATES AMERICAS, LLC

Current Principal Place of Business:

4924 SW 166TH AVE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

4924 SW 166TH AVE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-2534059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ALFONSO
4924 SW 166TH AVE
MIRAMAR, FL 33027 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: GARCIA, ALFONSO
Address: 4924 SW 166TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: CONSULTORIA Y GESTIO, N DE PROYESTOS ENERGET
Address: 3410 GALT OCEAN DRIVE, APT 205N
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: CAMBAS, LILIANA
Address: 3410 GLAT OCEAN DRIVE, APT 205N
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: CAMBAS, LILIANA
Address: 3410 GALT OCEAN DRIVE, APT 205N
City-St-Zip: FORT LAUDERDALE, FL 33308

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: ALFONSO GARCIA

MGRM

02/25/2009

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