

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044711

Entity Name: EZ MIRACLE GROUP, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

7359 ALOMA AVENUE, SUITE 2
WINTER PARK, FL 32792

New Principal Place of Business:

7353 ALOMA AVENUE
WINTER PARK, FL 32792

Current Mailing Address:

7359 ALOMA AVENUE, SUITE 2
WINTER PARK, FL 32792

New Mailing Address:

7353 ALOMA AVENUE
WINTER PARK, FL 32792

FEI Number: 26-2541697 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:

BELTRE, JEANCARLO
1409 ARBITUS CIR
OVIEDO, FL 32765 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: BELTRE, JEANCARLO
Address: 1409 ARBITUS CIR
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: RIVERO, ZAIDA
Address: 7359 ALOMA AVENUE, SUITE 2
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: RIVERO, ZAIDA
Address: 7353 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32792

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: JEANCARLO BELTRE

MGR

05/04/2009

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