

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048850

Entity Name: MYSTIC POINTE 809 LLC

FILED  
Jan 12, 2011  
Secretary of State

**Current Principal Place of Business:**

19195 MYSTIC POINT DRIVE TOWER TWO  
#809  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

662 NW 170TH TERRACE  
PEMPROKE PINES, FL 33028 US

**New Mailing Address:**

799 BRICKELL PLAZA  
SUITE 608  
MIAMI, FL 33131 US

FEI Number: 80-0418242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GALINDO, TIBISAY  
19195 MYSTIC POINT DRIVE TOWER TWO  
#809  
AVENTURA, FL 33180 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  
Name: GALINDO, TIBISAY  
Address: 19195 MYSTIC POINTE DRIVE TOWER TWO #809  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM  
Name: GALINDO, LISA  
Address: 19195 MYSTIC POINTE DRIVE TOWER TWO #809  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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: TIBISAY GALINDO

MRS

01/12/2011

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