

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053873

FILED
Apr 30, 2009
Secretary of State

Entity Name: KARIN TWO, LLC

Current Principal Place of Business:

501 BRICKELL AVE
BUILDING 2 APT. 4808
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

C/O MONAHAN 4000 PONCE DE LEON BLVD.
STE. 470 # 13
CORAL GABLES, FL 33146 US

New Mailing Address:

C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R CPA
4000 PONCE DE LEON BLVD.
STE. 470 # 13
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 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: ROARK R. MONAHAN CPA

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIVERO RAMOS, JUAN
Address: 11381 NW 73RD TERRACE
City-St-Zip: DORAL, FL 33178 US

Title: MGRM () Delete
Name: TOLEDO DE RIVERO, LELYS
Address: 11381 NW 73RD TERRACE
City-St-Zip: DORAL, FL 33178 US

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: JUAN RIVERO RAMOS

MGRM

04/30/2009

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