

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054702

FILED
Apr 06, 2009
Secretary of State

Entity Name: PERU CULINARY VACATIONS LLC

Current Principal Place of Business:

425 N. ANDREWS AVE. APT. 404
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

425 N. ANDREWS AVE.
APT. 404
FT. LAUDERDALE, FL 33301

Current Mailing Address:

425 N. ANDREWS AVE. APT. 404
FT. LAUDERDALE, FL 33301

New Mailing Address:

425 N. ANDREWS AVE.
APT. 404
FT. LAUDERDALE, FL 33301

FEI Number: 26-2852410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMIO, URSULA
425 N. ANDREWS AVE. APT. 404
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GAMIO, URSULA
425 N. ANDREWS AVE.
APT. 404
FT. LAUDERDALE, FL 33301 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: URSULA GAMIO

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAMIO, URSULA
Address: 425 N. ANDREWS AVE. APT. 404
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: FUENTES, ALFREDO J
Address: 425 N. ANDREWS AVE. APT. 404
City-St-Zip: FT. LAUDERDALE, FL 33301

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: URSULA GAMIO

MGRM

04/06/2009

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