

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057723

Entity Name: FLAGAMI PROPERTIES, LLC

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1232 CORAL WAY  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

15527 S.W.18TH ST.  
MIAMI, FL 33185

**Current Mailing Address:**

P.O. BOX 3706  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 26-2860018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALOR, JOAQUIN  
1232 CORAL WAY  
CORAL GABLES, FL 33134 US

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

TORTOLERO, IVONNE  
15527 S.W. 18TH ST.  
MIAMI, FL 33185 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: IVONNE TORTOLERO

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VALOR, JOAQUIN  
Address: 1232 CORAL WAY  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VALOR, JOAQUIN  
Address: P.O. BOX 3706  
City-St-Zip: CORAL GABLES, FL 33134

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: JOAQUIN VALOR

MR.

03/23/2009

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