

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059329

Entity Name: JASUVIAL, LLC

FILED
Sep 03, 2009
Secretary of State

Current Principal Place of Business:

150 ALHAMBRA CIR
STE 1270
CORAL GABLES, FL 33134

New Principal Place of Business:

1293 ANDES DR
WINTER SPRINGS, FL 32708

Current Mailing Address:

4424 NORTHERN DANCER WAY
ORLANDO, FL 32826

New Mailing Address:

1293 ANDES DR
WINTER SPRINGS, FL 32708

FEI Number: 26-2869793 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:

GAGEL, JAMES P
1293 ANDES DR
WINTER SPRINGS, FL 32708 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: P () Delete
Name: XAVIER, LAMA LAMA JUAN
Address: 4424 NORTHERN DANCER WAY
City-St-Zip: ORLANDO, FL 32826

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAMA LAMA, JUAN X
Address: 1293 ANDES DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Change (X) Addition
Name: CHANG MACIAS, EDITH S
Address: 1293 ANDES DR
City-St-Zip: WINTER SPRINGS, FL 32708

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 X LAMA LAMA

MGR

09/03/2009

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