

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060167

**FILED**  
**Feb 09, 2009**  
**Secretary of State**

**Entity Name:** OORT BUSINESS DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

4730 N.W. 107TH AVE. SUITE 1110  
DORAL, FL 33178

**New Principal Place of Business:**

1275 W 47TH PLACE  
SUITE 202  
HIALEAH, FL 33012

**Current Mailing Address:**

4730 N.W. 107TH AVE. SUITE 1110  
DORAL, FL 33178

**New Mailing Address:**

1275 W 47TH PLACE  
SUITE 202  
HIALEAH, FL 33012

**FEI Number:** 26-2876916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARRY J. BEHAR, P.A.  
888 SOUTHEAST THIRD AVE.  
SUITE #400  
FT. LAUDERDALE, FL 33316 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: SCARPELLI, LUIZ  
Address: 3130 NE 190TH STREET  
City-St-Zip: AVENTURA, FL 33180 US

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:** LUIZ SCARPELLI

MR.

02/09/2009

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