

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062356

Entity Name: EL AMAZONAS L.L.C.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

199 STARKEY RD  
LARGO, FL 33771 PI

**New Principal Place of Business:**

**Current Mailing Address:**

8005 WOOD RUFF AVE  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIKE'S TAX & ACCOUNTING INC  
3695 HIGH BLUFF DR  
LARGO, FL 33770 US

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

GUTIERREZ-B, JAVIER  
8005 WOOD RUFF AVE  
CLEARWATER, FL 33756 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: JAVIER GUTIERREZ-B

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOLTEADA, JAVIER GUTIERREZ-B  
Address: 8005 WOOD RUFF AVE  
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM ( ) Delete  
Name: MARTINEZ, MARIA  
Address: 8005 WOOD RUFF AVE  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GUTIERREZ-B, JAVIER  
Address: 8005 WOOD RUFF AVE  
City-St-Zip: CLEARWATER, FL 33756

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: JAVIER GUTIERREZ-B

MGR

04/23/2009

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