

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066717

FILED
Jan 07, 2009
Secretary of State

Entity Name: PILLA AND MIRUCA LLC

Current Principal Place of Business:

5110 SAN AMARO DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5110 SAN AMARO DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 29-2958686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SUAREZ, LUIS E
5110 SAN AMARO DRIVE
CORAL GABLES, FL 33146 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: LUIS E. SUAREZ

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUAREZ, LUIS E ESQ.
Address: 5110 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: SUAREZ, MAGDALENA O
Address: 5110 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: ABRIL, ARISTIDES F DR.
Address: 5110 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: ABRIL, PATRICIA S ESQ.
Address: 5110 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

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

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

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: LUIS E. SUAREZ

P

01/07/2009

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