

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071074

FILED
Apr 30, 2009
Secretary of State

Entity Name: CONNEXIONS UNLIMITED, LLC

Current Principal Place of Business:

8300 NW 53 ST, STE 350
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

PO BOX 528023
MIAMI, FL 33152

New Mailing Address:

FEI Number: 26-3040116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARINAS AND ASSOCIATES INC
5701 NW 36 ST
MIAMI, FL 33166 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: MGRM () Delete
Name: ONORATO, ROBERTO
Address: PO BOX 528023
City-St-Zip: MIAMI, FL 33152

Title: MGRM () Delete
Name: OLIVARES, NESTOR E
Address: 9441 NW 45 ST
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: NEGRON PRIETO, HECTOR
Address: 9441 NW 45 ST
City-St-Zip: DORAL, FL 33178

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:

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: ROBERTO ONORATO

MGRM

04/30/2009

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