

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072077

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: VORTEX GROUP, LLC

**Current Principal Place of Business:**

7805 LOS PINOS CIRCLE  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7805 LOS PINOS CIRCLE  
CORAL GABLES, FL 33143

**New Mailing Address:**

FEI Number: 26-3083519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, MARTHA  
7805 LOS PINOS CIRCLE  
CORAL GABLES, FL 33143 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: GOMEZ, MARTHA  
Address: 7805 LOS PINOS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM ( ) Delete  
Name: GOMEZ, ARMELIO  
Address: 7805 LOS PINOS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM ( ) Delete  
Name: GOMEZ, PATRICK J  
Address: 8212 S.W. 82ND PLACE  
City-St-Zip: MIAMI, FL 33143

**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: MARTHA GOMEZ

MGRM

02/16/2009

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