2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L08000074172

Entity Name: AVMARLE, LLC

Current Principal Place of Business:

1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

C/O MARCELL FELIPE, 1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

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:

FELIPE, MARCELL
1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 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:	MGR	( ) Delete
Name:	CAYROY LTD.	
Address:	24 SHEDDEN ROAD, PO BOX 1586	
City-St-Zip:	GRAND CAYMAN, -- KY11110 KY	
Title:	MGR	( ) Delete
Name:	TROYNOM LTD.	
Address:	24 SHEDDEN ROAD, PO BOX 1586	
City-St-Zip:	GRAND CAYMAN, -- KY11110 KY	
Title:	S	( ) Delete
Name:	ROYAL BANK OF CANADA TRUST COMPANY LTD.	
Address:	24 SHEDDEN ROAD, PO BOX 1586	
City-St-Zip:	GRAND CAYMAN, -- KY11110 KY	

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: MICHELLE TRING S 04/21/2009

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