2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L08000081856

Entity Name: ASTRID MORALES, LLC

Current Principal Place of Business:

4289 BLUERIDGE STREET
NORTH PORT, FL 34287

New Principal Place of Business:

2160 HERON LAKE DR
303J
PUNTA GORDA, FL 33983

Current Mailing Address:

4289 BLUERIDGE STREET
NORTH PORT, FL 34287

New Mailing Address:

2160 HERON LAKE DR
303J
PUNTA GORDA, FL 33983

FEI Number: 26-3244975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORALES, ASTRID
4289 BLUERIDGE STREET
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

MORALES, ASTRID
2160 HERON LAKE DR
303J
PUNTA GORDA, FL 33983 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: ASTRID MORALES 03/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BEQUETTE, LAWRENCE M
Address: 4289 BLUERIDGE STREET
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MORALES, ASTRID
Address: 2160 HERON LAKE DR APT 303J
City-St-Zip: PUNTA GORDA, FL 33983

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: ASTRID MORALES MGRM 03/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date