

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084648

FILED
Apr 21, 2009
Secretary of State

Entity Name: 13350 S.W. 131 STREET, LLC

Current Principal Place of Business:

13350 S.W. 131ST STREET,
UNITS 5 AND 6
MIAMI, FL 33186

New Principal Place of Business:

13350 S.W. 131ST STREET,
UNIT 6
MIAMI, FL 33186

Current Mailing Address:

13350 S.W. 131ST STREET,
UNITS 5 AND 6
MIAMI, FL 33186

New Mailing Address:

13350 S.W. 131ST STREET,
UNIT 6
MIAMI, FL 33186

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANAS, JOSE M
1550 MADRUGA AVENUE
SUITE 504
CORAL GABLES, FL 33146 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: HANDAL, ALEJANDRO S
Address: 10721 SW 72ND COURT
City-St-Zip: PINECREST, FL 33156

Title: MGRM () Delete
Name: CHACON, IDA L
Address: 10721 SW 72ND COURT
City-St-Zip: PINECREST, FL 33156

Title: MGRM () Delete
Name: CANAS, JOSE M
Address: 1550 MADRUGA AVENUE SUITE 504
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: CANAS, LISSETTE R
Address: 1550 MADRUGA AVENUE SUITE 504
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: AZADIKHAH, HADY
Address: 14530 SW 96 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: STOLTE, JENNIFER
Address: 14530 SW 96 AVENUE
City-St-Zip: MIAMI, FL 33176

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:

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: LISSETTE CANAS

MGRM

04/21/2009

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