## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000096974

Name:

Address:

City-St-Zip:

ROHRBACH, JUSTIN M

600 GREENWOOD LN. - APT# 201

DELRAY BEACH, FL 33484 US

Entity Name: HOUSE OF FIYA ENTERTAINMENT LLC

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4831 SW 168 AVE SOUTHWEST RANCHES, FL 33331 US **Current Mailing Address: New Mailing Address:** 4831 SW 168 AVE SOUTHWEST RANCHES, FL 33331 US FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINO, GUILLERMO A JR 4831 SW 168 AVE SOUTHWEST RANCHES, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete LINO, GUILLERMO A JR Name: Name: Address: 4831 SW 168 AVE Address: City-St-Zip: SOUTHWEST RANCHES, FL 33331 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MENARD, BRANDON Name: Address: 351 SW 184 TER. Address: City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CABRERA, OVIDIO Name: Name: Address: 12731 SW 20 ST Address: City-St-Zip: MIRAMAR, FL 33027 US City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GUILLERMO LINO MGR 05/01/2009