

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106638

FILED  
May 18, 2009  
Secretary of State

Entity Name: ECO EQUITY VENTURES, LLC

**Current Principal Place of Business:**

7457 NW 113 CT.  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

7457 NW 113 CT.  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 42-1554840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

KNOBLAUCH, JENNETTE  
7457 NW 113 CT.  
DORAL, FL 33178      US

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

KNOBLAUCH, JENNETTE F  
7457 NW 113 CT.  
DORAL, FL 33178      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: JENNETTE F, KNOBLAUCH

05/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KNOBLAUCH, MARK A.  
Address: 7457 NW 113 CT.  
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete  
Name: KNOBLAUCH, JENNETTE F.  
Address: 7457 NW 113 CT.  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

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: JENNETTE F KNOBLAUCH

MGRM

05/18/2009

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