

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108797

FILED
Apr 29, 2009
Secretary of State

Entity Name: TONANTE, LLC

Current Principal Place of Business:

967 MARINA DR
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

967 MARINA DR
WESTON, FL 33327

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:

WESTON CORPORATE ADMINISTRATION LLC
17150 ROYAL PALM BLVD
STE 4
WESTON, FL 33326 US

Name and Address of New Registered Agent:

WESTON CORPORATE ADMINISTRATION LLC
17140 ROYAL PALM BLVD
STE 4
WESTON, FL 33326 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: ALEJANDRO OLIVERA

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OLIVERA, ALEJANDRO J
Address: 967 MARINA DR
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: MELIAN, VERONICA
Address: 967 MARINA DR
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: SAJON, MARIA
Address: 967 MARINA DR
City-St-Zip: WESTON, FL 33327

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: ALEJANDRO OLIVERA

MGR

04/29/2009

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