

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113433

Entity Name: BALMOR, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2400 SOUTH OCEAN DR.
APT. 4302
FORT PIERCE, FL 34949

New Principal Place of Business:

13041 SW 56TH TERRACE
MIAMI, FL 33183

Current Mailing Address:

3669 POINCIANA AVE.
4-A
MIAMI, FL 33133 US

New Mailing Address:

13041 SW 56TH TERRACE
MIAMI, FL 33183 US

FEI Number: 36-4645584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERAUD, MARCEL D
3669 POINCIANA AVE.
4-A
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

REGIONES UNIDAS
8010 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: FIRMO MALDONADO

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORLA, SUSAN
Address: 2400 SOUTH OCEAN DR. APT.4302
City-St-Zip: FORT PIERCE, FL 34949 US

Title: MGRM () Delete
Name: ARTHUR, URSULA
Address: 13041 SW 56TH TERRACE
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORLA, SUSAN
Address: 13041 SW 56TH TERRACE
City-St-Zip: MIAMI, FL 33183 US

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: SUSAN MORLA

MGRM

04/30/2009

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