

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113478

Entity Name: MAILLARD & FRERES LLC

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

200 CRANDON BOULEVARD
SUITE 360
KEY BISCAINE, FL 33149

New Principal Place of Business:

3801 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434

Current Mailing Address:

200 CRANDON BOULEVARD
SUITE 360
KEY BISCAINE, FL 33149

New Mailing Address:

3801 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434

FEI Number: 68-0677475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AH&A SERVICES LLC
200 CRANDON BOULEVARD
SUITE 360
KEY BISCAINE, FL 33149 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: MGR
Name: TORO AREVALO, GERMAN
Address: 200 CRANDON BOULEVARD, SUITE 360
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGR
Name: CABALLERO DE TORO, ROSMARY
Address: 200 CRANDON BOULEVARD, SUITE 360
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGR
Name: TORO CABALLERO, GERMAN
Address: 200 CRANDON BOULEVARD, SUITE 360
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGR
Name: TORO CABALLERO, JAVIER
Address: 200 CRANDON BOULEVARD, SUITE 360
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGR
Name: AGUILAR PARDO, LUIS ALEJANDRO
Address: 3801 BRIDGEWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33434

I hereby 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: LUIS ALEJANDRO AGUILAR PARDO

ATT

04/26/2011

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