

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037265

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** TRES PALMAS, LLC

**Current Principal Place of Business:**

2850 GLADES CIRCLE, UNIT 5  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2850 GLADES CIRCLE, UNIT 5  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 26-4700851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GBS CONSULTANTS, INC.  
18501 PINES BLVD., SUITE 201  
PEMBROKE PINES, FL 33029 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:** MGRM  
**Name:** MOYA 18, LLC  
**Address:** 2850 GLADES CIRCLE, UNIT 5  
**City-St-Zip:** WESTON, FL 33327

**Title:** MGR  
**Name:** SORDO, GABRIELA  
**Address:** 2850 GLADES CIRCLE, UNIT 5  
**City-St-Zip:** WESTON, FL 33327

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:** MOYA 18

MGRM

04/16/2010

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