

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050912

Entity Name: C09 LLC

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5407 WILKINS ROAD  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5407 WILKINS ROAD  
TAMPA, FL 33610

**New Mailing Address:**

PO BOX 15295  
TAMPA, FL 33684

FEI Number: 27-0556437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSA QUINTELA CPA PA  
13902 N DALE MABRY HWY  
SUITE 118  
TAMPA, FL 33618 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: SOTO, LUZ M  
Address: 4041 SHORE SIDE CIR  
City-St-Zip: TAMPA, FL 33624

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: LUZ M SOTO

MGRM

04/09/2011

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