

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092142

**FILED**  
**Jun 04, 2011**  
**Secretary of State**

**Entity Name:** DAVID ECHAVARRIA, ESQ. PLLC

**Current Principal Place of Business:**

900 W 49TH STREET  
SUITE 546  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

48 NW 100 STREET  
MIAMI SHORES, FL 33238 US

**New Mailing Address:**

48 NW 100 STREET  
MIAMI SHORES, FL 33150 US

**FEI Number:** 27-1001289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ECHAVARRIA, DAVID  
48 NW 100 STREET  
MIAMI SHORES, FL 33150 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:** ECHAVARRIA, DAVID  
**Address:** 48 NW 100 STREET  
**City-St-Zip:** MIAMI SHORES, FL 33150 US

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:** /DAVID ECHAVARRIA/

MGR

06/04/2011

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