## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L10000086875

Entity Name: LOS 6 AMIGOS LLC

FILED Apr 26, 2011 Secretary of State

Current Principal Place of Business:

**New Principal Place of Business:** 

7451 SW 132 COURT MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

7451 SW 132 COURT MIAMI, FL 33183

FEI Number: 27-3275588 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DEL VALLE, MARIA C P.A.

201 ALHAMBRA CIRCLE STE. 601

CORAL GABLES, FL 33134 US

DEL VALLE, MARIA-CRISTINA P.A.

201 ALHAMBRA CIRCLE STE. 601

CORAL GABLES, FL 33134 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: MARIA CRISTINA DEL VALLE, P.A. 04/26/2011

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: DEL VALLE, CARLOS M Address: 7451 SW 132 COURT City-St-Zip: MIAMI, FL 33183

Title: MGRM

 Name:
 DEL VALLE, MARIA ELENA

 Address:
 7451 SW 132 COURT

 City-St-Zip:
 MIAMI, FL 33183

Title: MGRM

Name: INFANTE, ALFREDO E Address: 7451 SW 132 COURT City-St-Zip: MIAMI, FL 33183

Title: MGRM

Name: INFANTE, SILVIA Address: 7451 SW 132 COURT City-St-Zip: MIAMI, FL 33183

Title: MGRM

 Name:
 DOLE, RODOLFO

 Address:
 7451 SW 132 COURT

 City-St-Zip:
 MIAMI, FL 33183

Title: MGRM

Name: GARCIA BARROSA, CRISTINA

Address: 7451 SW 132 COURT City-St-Zip: MIAMI, FL 33183

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 Statues.

SIGNATURE: MARIA ELENA DEL VALLE MGRM 04/26/2011

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