

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000093571

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** AT MIRARI PRODUCTIONS, LLC

**Current Principal Place of Business:**

4250 SALZEDO STREET  
UNIT 615  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

527 VALENCIA AVE  
APT 1  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4250 SALZEDO STREET  
UNIT 615  
CORAL GABLES, FL 33146

**New Mailing Address:**

527 VALENCIA AVE  
APT 1  
CORAL GABLES, FL 33134

**FEI Number:** 27-3416153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANRIQUEZ, CLEOTILDE  
4250 SALZEDO STREET  
UNIT 615  
CORAL GABLES, FL 33146 US

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

MANRIQUEZ, CLEOTILDE  
527 VALENCIA AVE  
APT 1  
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:** CLEOTILDE MANRIQUEZ

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MANRIQUEZ, CLEOTILDE  
**Address:** 527 VALENCIA AVE, APT 1  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** CLEOTILDE MANRIQUEZ

MGRM

04/06/2011

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